DOCUMENT RESUME

ED 154 283	CG 012 434
TITLE	Evaluation of Information and Referral Services for the Elderly. Final Report, February 28, 1977.
INSTITUTION	Battle (Mark) Associates, Inc., Washington, D.C.
SPONS AGENCY	Administration on Aging (DHEW), Washington, D.C.
REPORT NO	DHEW-OHDS-77-20109
PUB DATE	28 Feb 77
CONTRACT	105-76-3117
NOTE	179p.; For related documents see CG 012 432 and CG 012 433
EDRS PRICE	MF-$0.83 HC-$10.03 Plus Postage.
DESCRIPTORS	*Community Resources; Gerontolcgy; *Information Needs; *Information Services; *Older Adults; Outreach Programs; Professional Training; Program Development; *Program Evaluation; *Referral; Resource Guides; Senior Citizens; Training

ABSTRACT

Under Title 3 of the Older Americans Act of 1965, as amended, state and area agencies on aging are required to provide for the establishment or maintenance of information and referral services in sufficient numbers to assure that all older persons in the state or within a planning and service area will have reasonably convenient access to such services. This study is an evaluation of information and referral services (I and Rs). The focus is on key organizations involved in the planning, coordination and service delivery aspects of information and referral. Twelve substantive areas are evaluated by this study: (1) organization and facilities; (2) resource file; (3) staffing; (4) access; (5) interviewing, information-giving and referral; (6) publicity and outreach; (7) records and reports; (8) follow-up; (9) escort and transportation services; (10) planning; (11) coordination; and (12) funding and costs. The last chapter of this evaluation report provides recommendations based on objectives and findings of the study. (Author/JL)

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EVALUATION OF INFORMATION AND REFERRAL SERVICES FOR THE ELDERLY

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EVALUATION OF INFORMATION AND REFERRAL SERVICES FOR THE ELDERLY

FINAL REPORT

February 28, 1977

DHEW Publication No. (OHDS) 77-20109

prepared for:

ADMINISTRATION ON AGING
OFFICE OF HUMAN DEVELOPMENT
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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ACKNOWLEDGEMENTS

This report was prepared by Blanche L. Hite, Project Director, with the assistance of Ronald Emery. Acknowledgement is made of the invaluable assistance provided in the data reduction and analysis process by Elaine C. Jackson, Senior Associate, and Sandra Chisholm, Research Associate; in the data coding and editing process by Marilyn Marshall and Nadia Ramadan, Research Associates; to Kerry Ludwig for the computer programming efforts; and to members of the survey team for their field data collection activities.

The staff of Mark Battle Associates wishes to extend our appreciation for the cooperation of Directors and Staff of the 62 information and referral services which are the subject of this report. We also convey our thanks to the participating State and Area Agencies on Aging, Provider Agencies and Other I&R Services which generously agreed to respond to our questionnaires.

Finally, MBA wishes to express our gratitude to the more than 500 individuals who willingly discussed their experiences with the subject I&R services.

The research reported herein was performed pursuant to a contract with the Department of Health, Education and Welfare, Office of Human Development, Administration on Aging--No. HEW-105-76-3117. The contents reflect the views of the authors, who are responsible for the facts and accuracy of the data presented herein, and should not be construed as representing the opinions or policies of any agency of the United States Government.

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CHAPTER 1

EXECUTIVE SUMMARY

Under contract to the Administration on Aging, Mark Battle Associates performed the tasks necessary to conduct an evaluation of information and referral (I&R) services for the elderly.

At 62 sites around the country, a comprehensive data collection effort gathered information about how I&R was being provided to older persons. The primary focus of the evaluation was to determine how State and Area Agencies on Aging are meeting AoA requirements for information and referral and how I&Rs are progressing in the achievement of comprehensive services. Site sampling for the 62 I&Rs was random and based on the size of elderly population in the planning and service areas where the I&Rs were located.

Twelve areas were evaluated by the study, including the nine program elements covered by Administration on Aging guidelines contained in Program Instruction AoA-PI-75-9 and Information Memorandum AoA-IM-75-10 dated August 28, 1974:

- Organization and Facilities
- Resource File
- Staffing
- Access
- Interviewing, Information-Giving and Referral
- Publicity and Outreach
- Records and Reports

- Follow-Up
- Escort and Transportation Services

These guidelines cover AoA minimum requirements for I&R and the long-range goals for comprehensive I&R services. Also evaluated were three other aspects of I&R services--planning, coordination, and funding and costs.

To collect the required information, interviews were conducted with six respondent groups. Data was also collected from I&R files and from observation activities. The respondent groups included the following interviewees:

- I&R Directors
- I&R Staff
- Directors of State or Area Agencies on Aging
- Representatives of Provider agencies serving the elderly
- Directors of Other I&R services in the area
- Users of I&R services

Findings and conclusions of the evaluation relative to each program area examined are summarized in the following sections.

FINDINGS AND CONCLUSIONS REGARDING THE I&R ELEMENTS

Organization and Facilities

The manner in which I&Rs were organized was consistently in keeping with AoA guidelines. With regard to the facilities of the I&Rs, a majority were found to have made inadequate provisions for interviewing clients privately, as required by AoA.

Resource File

Resource files developed and maintained by the I&Rs generally were found to contain a comprehensive listing of available resources for older persons and otherwise met AoA minimum requirements. I&Rs were not meeting the long-range goal to update the resource file at least semi-annually. Although the number of resources and types of information in the files varied, the differences stemmed in part from the varying availabilty of services in the areas, particularly at rural sites.

Staffing

Staffing patterns and training activities were found to be generally adequate to meet critical information and referral needs of the elderly. All I&Rs were meeting the minimum requirements to utilize paid and volunteer staff and to orient new staff in providing I&R services. A majority were meeting the long-range goals to conduct a program of continuing education for staff and to arrange for appropriate agencies to assist in staff training.

Access

Older persons should have reasonably convenient access to I&R services. Minimum requirements call for services to be available during day-time working hours through walk-in centers and by telephone. These basic requirements are being met for accessibility of I&R services. However, I&Rs have not yet achieved any degree of progress toward long-range goals such as toll-free, after-hours and emergency telephone services, satellite centers and barrier-free access to I&R facilities.

Interviewing, Information-Giving and Referral

All I&Rs were conducting interviewing, information-giving and referral in accordance with AoA guidelines. These procedures were generally satisfactory to both Users and Providers of services. All but four I&Rs were meeting the long-range goal to actively develop linkages between Users and Providers by making appointments for older persons, when required.

Publicity and Outreach

Publicity was one area that was repeatedly cited as inadequate by all respondent groups. Outreach (defined for this study as casefinding) was also reported by respondents as an area of deficiency needing substantial improvements, especially in rural areas.

Records and Reports

AoA requirements call for maintenance of records regarding I&R transactions and provision of such information to State and Area Agencies on Aging. These requirements provide for protection of confidentiality of personal information about Users of the I&R service. With the exception of confidentiality procedures, minimum requirements for recordkeeping and reporting were being met by nearly all of the I&Rs in the study. Substantial progress had been made toward long-range goals, which recommend maintenance of records about follow-up with Users and Providers.

Follow-Up

Follow-up is a long-range goal for I&R services. However, for the most part, I&Rs were already providing this service. Almost all I&Rs conducted follow-up with Users while 86 percent conducted follow-up with Providers.

I&Rs also were very willing to provide any further assistance required by Users and frequently undertook intensive efforts to locate appropriate resources.

Transportation and Escorts

Although transportation and escort services are long-range goals, I&Rs have made significant progress toward providing such services. Of the 62 I&Rs, 59 were involved in providing or arranging transportation services and 46 were providing or arranging escort services. However, four out of five I&Rs indicated that existing transportation services did not meet the needs of the elderly. About 70 percent of the I&Rs were working to improve transportation services in their areas.

FINDINGS AND CONCLUSIONS REGARDING OTHER ASPECTS OF I&R

Planning

A majority of I&Rs and State/Area Agencies are carrying out a wide variety of planning efforts, particularly those related to the development or expansion of I&R services and other services to older persons. It was found that 82 percent of the I&Rs had plans to change, expand or improve I&R services within the next year. All but four I&Rs were engaged in joint planning efforts with other agencies on a local, area-wide or state-wide basis.

Coordination

Although not covered by AoA guidelines, coordination was defined as "working together to implement common goals and objectives and, where feasible, eliminating duplication of services." Coordination efforts were being conducted by a sizeable proportion of the I&Rs at sites where there were Other

I&Rs and Provider agencies with I&R units. The level of coordination effort was very high at such sites.

Funding and Costs

Examination of funding and costs included sources, level of funding and cost per inquiry. The average level of annual funding was about $41,000. The average cost per inquiry was $4.60; the range was from less than $1.00 to more than $20.00. State and Area Agencies contributed a larger percentage of funds to more I&Rs than did other types of contributors. It was found that, on the average, one inquiry was received by the I&Rs annually for every nine elderly persons in a target area.

FINDINGS AND CONCLUSIONS REGARDING QUALITY OF I&R SERVICES

It was found that, while I&R services were not being provided with any degree of uniformity at the 62 sites, the data presented evidence that, for the most part, the I&Rs were making positive efforts to provide the maximum level of I&R services possible within the limitations of their resources. Only 56 percent of the I&R Directors felt they were adequately serving the elderly in their areas, citing a wide range of problem areas hindering I&R services. Other respondents also cited problem areas, supporting the statements of the Directors. Foremost among these were inadequate publicity and outreach to older persons. Lack of sufficient funds to more effectively serve the older persons in the target areas was also cited as a major problem, along with lack of adequate transportation services to ensure that older persons have full access to needed resources.

Also of concern with regard to the quality of I&R was the role of State and Area Agencies in assuring the adequacy of services to meet the needs of the elderly. It was found that State and Area Agencies tended to be conscientious in monitoring and evaluating I&R activities, with various types of periodic assessments.

CONTENTS OF REPORT

The following chapters present results of this evaluation of information and referral services for the elderly. Chapters 2 and 3 provide background information and the study methodology. Chapters 4 through 16 present the detailed findings and conclusions related to the required and recommended elements and other essential aspects of information and referral services. Chapter 17 provides recommendations based on objectives and findings of the study.

CHAPTER 2

BACKGROUND

Under Title III of the Older Americans Act of 1965, as amended, State and Area Agencies on Aging are required to provide for the establishment or maintenance of information and referral services in sufficient numbers to assure that all older persons in the State or within a planning and service area will have reasonably convenient access to such services.[1]

In August 1974, the Administration on Aging (AoA), which administers the Title III program, issued policy guidelines to State Agencies administering plans under the provisions of the Act. These guidelines were provided by AoA Program Instruction (PI) 75-9 which established minimum requirements for information and referral (I&R) services, and AoA Information Memorandum (IM) 75-10, which established long-range goals for the development of comprehensive I&R services.

Information and referral services serve two complementary functions:[2]

1. The assemblage and provision of information to link older persons with the opportunities, services and resources designed to help them meet their particular problems and needs
2. The collection and reporting of information about the needs of older people and the adequacy of resources available to them as aids to the evaluation, planning, coordination and resource development efforts required of State and Area Agencies

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[1] Older Americans Comprehensive Services Amendments of 1973, P.L. 93-29, Sections 304(c) and 305(a)7.

[2] AoA Information Memorandum, AoA-IM-75-10, August 28, 1974 (See Appendix A)

In keeping with the legislative mandate to measure and evaluate the impact of Title III programs, the Administration on Aging contracted with Mark Battle Associates to conduct an evaluation of information and referral services (I&Rs). An assessment was made of a sample of I&Rs designated by State and Area Agencies on Aging to fulfill AoA's guidelines on I&R.

OBJECTIVES AND SCOPE OF THE STUDY

The program guidelines provided a substantive basis for the evaluation efforts undertaken in this study and were used as the focal point in meeting its primary objective:

> To determine how State and Area Agencies on Aging are meeting AoA requirements for information and referral and how I&Rs are progressing in the development of comprehensive I&R services.

In stating their requirements for the evaluation, AoA specified the following secondary objectives to be met by the study:

1. Determine what I&R service characteristics are related to variations in the findings
2. Provide AoA with information on how I&R services have met the minimum requirements and with recommendations on how to assist them to meet the suggested long-term goals
3. Determine the effects of AoA minimum requirements and guidelines, technical assistance, previous research studies, and other activities to help I&R services develop
4. Develop or revise techniques for monitoring and assessment of I&R services which can be used by State and Area Agencies

5. Determine whether the requirements for confidentiality of information concerning Users of I&R services are being met

6. Determine the extent to which there is coordination and cooperation between AoA-supported I&R services, I&R services performed by Provider agencies, and other comprehensive I&R services in the area

FOCUS OF THE STUDY

In order to meet the objectives of the evaluation, the study focused on the key organizations involved in the planning, coordination and service delivery aspects of information and referral:

1. The State Agency on Aging has broad responsibility for planning, establishing or maintaining, and coordinating I&R services and for allocation of Title III funds which may be used for I&R services. The Area Agency on Aging is responsible for providing for the establishment or maintenance of I&R in a single state-designated planning and service area. When there is no Area Agency, the State Agency is responsible for establishing or maintaining and coordinating I&R in that planning and service area.

2. The Information and Referral Service has been designated by the State or Area Agency to fulfill the legislative mandate and is responsible for the direct delivery of I&R services.

It is the I&R service upon which the study directed its major emphasis. It is at this level that it could best be determined whether AoA requirements were being met and to what extent I&Rs had achieved long-range goals for comprehensive services. Data collection and evaluative efforts addressed I&R services and activities relative to development and implementation of the seven program elements which were required by AoA guidelines.

At the State and Area Agency levels, data collection efforts focused on how those agencies carried out the responsibility to plan, provide for or maintain, and coordinate I&R services to older people under their jurisdiction.

AREAS EVALUATED BY THE STUDY

Twelve substantive areas were evaluated by this study, including the nine program elements covered by AoA guidelines and three additional aspects of I&R services. In order to set the stage for this report, each of these areas is briefly described below.

Program Elements Required by AoA PI-75-9[3]

I. Organization and Facilities--The I&R should be a clearly identifiable agency or unit which is equipped to give particular attention to older people and which should be suitably equipped to serve walk-in callers, where applicable.

II. Resource File--A resource file should be compiled which (1) consists of an inventory of resources and services relating to needs of older people; (2) classifies information by agency and types of services available; and (3) is accessible to State and Area Agencies on Aging and other agencies on request.

III. Staffing--The I&R should have a paid and/or volunteer staff and these persons should receive appropriate training and orientation.

IV. Access--I&R services should be available by telephone or through walk-in services during normal working hours and have bilingual personnel or a liaison where required by the composition of the population.

V. Interviewing, Information-Giving and Referral--The I&R should receive inquiries and provide the information requested, directing callers to an agency or organization that can extend the assistance necessary to meet a need or solve a problem.

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[3] For further details, refer to Program Instruction AoA-PI-75-9, August 28, 1974 (See Appendix A).

VI. Publicity and Outreach--I&R services should be publicized through media and other mechanisms to inform older people, the general public and Providers of services of the availability of information and referral services.

VII. Records and Reports--Records should be maintained regarding I&R transactions in order to measure utilization and effectiveness of I&R efforts, to identify gaps in the service structure and to aid in State- and Area-level planning. Information should be shared with State and Area Agencies, as requested. The confidentiality of Users should be protected in both records and reports by deleting Users' names within 90 days.

Services Recommended by AoA-IM-75-10[4]

Guidelines for long-range goals for I&R services provided by AoA-IM-75-10 were broader and addressed a more comprehensive set of recommended activities. For example, the resource file should employ a classification system and should be updated or revised at least every six months. Also, the I&R should share the file with organizations, other than the State or Area Agency, which provide services to older people. With regard to staffing, long-range goals include arranging with appropriate agencies for training paid and volunteer personnel. Long-range goals for access include having telephone answering services for after-hours and emergency calls, establishing subcenters to serve walk-in Users, where necessary, and providing barrier-free access to walk-in centers. Making appointments for older persons, where required, is recommended for the interviewing, information-giving and referral element. In publicity and outreach, I&R services would include making house-to-house visits and telephone calls to reach out to older people. A number of long-range goals are recommended, including maintaining records of follow-up with older persons and Provider agencies, maintaining records of needed services which are unavailable and submitting regular reports to State and Area Agencies regarding I&R services.

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[4] Refer to Information Memorandum AoA-IM-75-10, dated August 28, 1974 (See Appendix A)

In addition, two I&R elements were added by AoA-IM-75-10:

VIII. Follow-up--It was recommended that I&Rs provide follow-up with Users of the I&R service and agencies to which they were referred to see if they required further assistance.

IX. Escort and Transportation Services--These were recommended to assist older persons in obtaining services by providing transportation to Providers and/or escorts to accompany and/or assist them in applying for services.

Other Program Aspects Studied

The Administration on Aging determined that, in order to obtain a truly comprehensive picture of the status of I&R services, it would be necessary to add three additional program areas to the evaluation:

X. Planning--This area includes the type and degree of planning activity conducted by the I&R and the State and Area Agencies, alone and in conjunction with Providers, Other I&R services and community planning organizations.

XI. Coordination--This aspect of I&R programs consists of both the existence and level of activity to coordinate information and referral services among State and Area Agencies, the designated I&R, Provider agencies, nondesignated I&Rs and other community organizations.

XII. Funding and Costs--This area covers funding sources, levels of funding and cost per inquiry.

Through collection and examination of data on each of the 12 program areas described, the study objectives were addressed. Results of this evaluation may be used by AoA for the purpose of devising policies and procedures which will enable providers of I&R services to meet and maintain AoA standards and to strive for and achieve long-range goals for comprehensive services to older persons.

CHAPTER 3

STUDY METHODOLOGY

In this chapter, a detailed discussion of the study methodology is provided, covering sampling, data collection and data analysis. Included will be a discussion of various alternatives considered in each phase of the effort and the rationale for selection of the approaches ultimately employed.

SAMPLING METHODOLOGY

The sampling frame consisted of the universe of planning and service areas in the country. A PSA is the geographic unit addressed in the tion as the area within which "reasonably convenient access" to I&R services should be provided to all older Americans. There are a total of 575 PSAs which have been designated by the 50 States and the District of Columbia to meet AoA regulations. For most of the PSAs, an Area Agency on Aging has been designated by the state. Where an Area Agency exists, it is required to provide for "the establishment or maintenance" of information and referral services in that area. Where no Area Agency exists, the State Agency is responsible for I&R in that PSA.

A complete listing of the planning and service areas was available, as was data on the number of elderly residing in each PSA.[5] With these data, a two-stage sampling process was employed:

(1) Stratified random selection of PSAs based on the number of elderly in the PSA

(2) Random selection of designated I&R services within the selected PSAs

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[5] Estimates of 60+ population were prepared by the National Clearinghouse on Aging, AoA, July 1975.

Selection of Planning and Service Areas

Analysis of the PSA elderly population data indicated that if a simple random sample were drawn from the PSAs, the sample would be skewed toward rural PSAs with limited numbers of older persons in states which have designated a large number of PSAs. In order to assure adequate representation of urban areas and states with limited numbers of designated PSAs and to provide more extensive coverage of the elderly population, the PSAs were stratified by three elderly population categories. The number of PSAs in each stratum was based on the proportion of elderly in the category to the total in the universe.

Elderly Population	Number of PSAs	Sampling Fraction	Number of PSAs in Sample
100,000 or greater	74	.40	30
30,000 - 99,999	234	.10	24
less than 30,000	267	.03	8
Total	575		62

The specified number of PSAs was randomly selected from within each population category. Then, the appropriate Area or State Agency, as applicable, was contacted and asked to provide the name and address of the designated I&R(s) for that PSA.

Selection of I&Rs

All of the State or Area Agencies contacted identified one or more designated I&R services assigned to meet AoA requirements in the PSA. For each planning and service area in the sample, one designated I&R service was randomly selected in the second sampling stage. Where there was only one designated I&R, that site was included in the I&R sample; where there was more than one, a single I&R was randomly selected. It was, however, acknowledged at the time of sample selection that undersampling would occur in PSAs with more than one designated I&R. This was because the sample was based on the comprehensiveness of coverage in specific PSAs although some I&Rs visited would only be serving a part of a PSA. As shown in Table 3-1, over 50 percent of all I&R sites selected served only a part of a PSA. Only in 26, or 41.0 percent, of the I&Rs was there a one-to-one correspondence of I&Rs to PSAs.

Because so many of the I&Rs served smaller populations than had been originally anticipated, the size of the population covered by the I&Rs was recomputed. Table 3-2 compares actual elderly population coverage for the selected I&Rs with the elderly population categories of the sample PSA. Over 50 percent of the I&Rs originally sampled from the "100,000 or greater PSA elderly population category" provided coverage for less than 100,000 elderly persons; about 33 percent provided coverage for less than 30,000 elderly persons. Nearly 40 percent of the I&Rs originally sampled from the "30,000 to 99,000" population category provided coverage of less than 30,000 elderly persons. These changes in population coverage are directly related to the previous findings that a significant number of designated I&Rs in the sample provided geographic coverage to less than a complete PSA.

Because of these findings, it was considered essential to evaluate survey responses on the basis of actual population coverage rather than coverage for the sample PSAs. Thus, all analyses by elderly population

TABLE 3-1

ELDERLY POPULATION IN THE PSAs BY GEOGRAPHIC COVERAGE OF SAMPLE I&Rs (N=62)

Elderly Population Categories of Original PSA Sample	I&Rs Serving Entire PSA		I&Rs Serving Part of PSA		Total	
	#	%	#	%	#	%
100,000 or greater	13	21.0	17	27.4	30	48.4
30,000 to 99,999	11	17.7	13	21.0	24	38.7
Less than 30,000	6	9.7	2	3.2	8	12.9
Total	30	48.4	32	51.6	62	100.0

TABLE 3-2

ELDERLY POPULATION COVERAGE OF SAMPLE I&Rs BY ELDERLY POPULATION IN THE PSAs

(N=62)

Elderly Population Category of Original PSA Sample	Size of Elderly Population Actually Covered by Sample I&Rs							
	100,000 or greater		30,000 to 99,999		Less than 30,000		Total	
	#	%	#	%	#	%	#	%
100,000 or greater	13	21.0	7	11.3	10	16.1	30	48.4
30,000 to 99,999	0	0.0	15	24.2	9	14.5	24	38.7
Less than 30,000	0	0.0	0	0.0	8	12.9	8	12.9
Total	13	21.0	22	35.5	27	43.5	62	100.0

category will use the estimated elderly population covered by the I&R rather than the population of the entire PSA.

It must be stressed that the original sample was not designed to meet rigorous criteria for making statistical projections to national estimates. It was designed to provide sufficient coverage of I&Rs to serve as a basis for assessing "reasonably convenient access" of older persons to I&R services in the planning and service areas. This objective has been met in the revised analysis procedures which emphasize I&R coverage of the elderly population in their designated geographic service areas, as opposed to the original sample plan emphasizing PSA coverage of the elderly population. However, statistics should be considered descriptive of the sample, rather than estimates of population parameters.

Respondent Sample Selection

Six types of respondents were selected for each I&R site. From these groups, individuals participated in structured interviews. The six respondent groups participating in the study will be referred to as:

- State/Area Agency Director
- I&R Director
- Staff
- Providers
- Other I&Rs
- Users

Each group and the procedures used for identifying and selecting interviewees are described below:

Director, State or Area Agency on Aging: The Directors of the Area Agencies on Aging (AAA) with jurisdiction over the selected PSAs comprised one respondent group. When an AAA Director was unable to participate or where it was more appropriate to interview a staff member who was more knowledgeable about I&R services, the interview was conducted with that person. If there was no Area Agency on Aging serving the PSA, the Director, or other appropriate individual at the State Agency, was the respondent.

I&R Directors: At each I&R in the sample, the Director was interviewed. Only in the event of absence of a Director was it permissible to interview an Assistant or Acting Director.

I&R Personnel: Up to four I&R personnel were interviewed at each site, using different parts of a single questionnaire covering four substantive I&R program areas--information-giving and referral, follow-up, outreach and transportation/escort services. At I&Rs where functions related to these program areas were divided among different persons, one staff member working in each related area responded to the appropriate section of the questionnaire. If more than one person performed a given function, one was randomly selected to be interviewed. A fifth section of the instrument dealt with costs and personnel allocations; however, this did not require a personal interview. Instead, the individual with fiscal or management responsibility completed the appropriate forms.

The following chart shows the number of sites where more than one staff person was interviewed:

Number of Staff Interviewed	Number of I&Rs
1	41
2	14
3	5
4	2

Representatives of Provider Agencies: At each site three Provider agencies receiving referrals from the I&R were randomly selected. Two were chosen from those receiving large percentages of the I&R's referrals and one was chosen from those receiving fewer referrals. No distinction was made between public and private agencies. Respondents were persons who worked with or were familiar with the subject I&R service.

Representatives of Other Comprehensive I&R Services: At some of the 62 sites, there were other comprehensive I&Rs serving the same area. A comprehensive I&R was defined as an I&R which provides services for all human needs and problems and which is not set up to deal only with specialized problems, i.e., cancer or alcoholism. Other I&Rs had to meet these criteria:

- Information and referral is a primary function of the organization or a unit of the organization.
- Maintenance and use of a resource file is central to the provision of I&R services.
- There are personnel whose specific duty is to provide I&R.
- Older people are among the Users of the service.

Up to two Other I&Rs (one public and one private, if possible) were selected at sites where such services existed.

Users: Users were defined as individuals not employed by a Provider agency who call the I&R for themselves or others and who receive information and/or referral services. The persons in need should be over 60 years of age. Fifteen persons were randomly selected from User records at each I&R.

DATA COLLECTION METHODOLOGY

Seven instruments were designed to gather the required information and appropriate field data collection procedures were devised to meet the unique requirements of this study, focusing on the degree to which I&Rs and State and Area Agencies on Aging were complying with AoA minimum requirements and were meeting long-range goals for development of more comprehensive I&R services.

Data Collection Instruments

Seven instruments were used to collect necessary data. These instruments consisted of six questionnaires and a form for gathering information from I&R files and for use in observation of certain activities carried out by the I&Rs:

- I&R Director Questionnaire
- I&R Staff Questionnaire
- State or Area Agency on Aging Questionnaire
- Provider Agency Questionnaire
- Questionnaire for Other I&R Services
- User Questionnaire
- File Review and Observation Form

All instruments are provided in Appendix B; each is briefly described below.

I&R Director Questionnaire: addressed all aspects of the I&R operation and services and provided an overview of the development and implementation of services. This instrument collected information regarding all 12 of the program elements included in the study design. It provided an overview of project organization and of the development and use of the resource file. Detailed information was requested on staffing, funding, publicity, records and reports, coordination, planning and other aspects of the I&R service. This questionnaire served as the basic review document and is cross-referenced with and expanded upon by the other instruments.

Staff Questionnaire: provided details regarding the procedural aspects of providing I&R services. Descriptions of information and referral services, outreach, training, transportation/escort and other services were obtained.

State or Area Agency on Aging Questionnaire: addressed the planning, coordination, and oversight functions carried out by State and Area Agencies. The questionnaire focused on the selection of the designated I&R and on reporting monitoring, funding, and other activities performed at this level relative to I&R.

Provider Agency Questionnaire: used to define and describe the relationships between the I&R and agencies which provide services to older people, including linkage procedures, information-sharing and other joint activities.

Questionnaire for Other I&R Services: used to help determine the level of coordination and cooperation among I&R services within a given planning and service area. It also provided general information regarding the type and extent of resources employed by the other I&Rs.

Questionnaire for Users of I&R Services: administered to persons who had utilized the services provided by the I&R. Information collected included how they heard of the I&R and their perceptions of and reactions to the services they received.

File Review and Observation Form: utilized by field personnel to record information collected from materials and records on file at the I&R. The form was also used to record observations by field personnel of specified I&R characteristics, activities and procedures.

All data collection instruments used in the study were pretested for structure, content and usability. Also, the instruments used the most universally understandable terminology practical among the diverse respondent groups.

Field Organization and Procedures

Field work was carried out over approximately 14 weeks. During this period, a team of field personnel conducted site visits to the 62 I&R services, at the same time visiting State and Area Agencies on Aging, providers of services to older persons and other comprehensive I&R services in the areas. An average of four days was required for each visit.

The data collection approach used for this study involved use of verification questions on several instruments which were keyed to a particular program element. For example, if the I&R Director was asked to describe a certain operational procedure employed when dealing with Provider agencies, Providers were often asked a related question designed to yield the same or similar information. This was done for two reasons. First, such cross-respondent questions served as a method for ensuring data validity. Second, these types of questions would either produce strong correlations among respondent groups on the same issue or would point out significant differences in perceptions about I&R services. Both types of findings are important in evaluation studies of this type where programs are operating within very complex environments and under varying structural and administrative conditions.

DATA ANALYSIS METHODOLOGY

The first step in the analysis was the preparation of detailed tabulations and cross-tabulations of the data from the several sources. The data incorporated in these tabulations addressed activities relative to the development and implementation of the seven program elements required by AoA PI-75-9 as of June 30, 1975. In addition, data relevant to the development of long-range goals recommended in AoA-IM-75-10 were also incorporated in the analysis.

The analysis of tabular data was structured to address each of the program elements in terms of specific evaluative inquiries and data analysis requirements. Where similar areas of inquiry were addressed by different respondents, a case-by-case validation was undertaken to test the validity of responses. The validation analysis was based on a sample of 20 percent of all responses.

A complete set of descriptive statistics was prepared as part of the tabulation process. They included frequency distributions, means, standard deviations and ranges for each of the data items measured. In addition to the inherent values of these statistics for describing and understanding factors involved in the delivery of information and referral services, they served as the basis for development of appropriate methods for more indepth analysis of these data. The descriptive analysis was also used as a first step in combining outcome measures in order to distinguish conceptually distinct categories of predictor (independent) variables. Of primary importance was the identification of those variables which did not change or which showed a moderate or wide range of variation among the 62 information and referral services under study.

The cross-tabulations focused on key independent variables:

1. The number of elderly persons in the geographic area covered
2. Whether the I&R was age-segregated or age-integrated
3. Absence or presence of specialized classification systems
4. Level of funding
5. Source of funding
6. Geographic location (rural or urban) of the I&R
7. Whether I&R was a unit of a State or Area Agency

Since most of the information obtained from the I&Rs was nominal, the analysis relied heavily on the findings from these cross-tabulations.

OVERVIEW OF REPORT CONTENTS

The following chapters present the findings related to each required and recommended program element of concern in the study, as well as cost, planning and coordination of I&R services. The scope of data collection activities is noted below.

1. I&R Directors and staff were interviewed at all 62 sites and there were 62 State or Area Agencies on Aging participating in the study. File review and observation instruments were prepared for all 62 I&Rs.
2. Providers participated at 62 sites; all but three sites had three interviews in this group. There were a total of 183 Providers in the study.
3. There were 68 Other I&Rs participating at 43 of the sites. Twenty-five sites had two Other I&Rs and 18 sites had one. Those sites not covered did not have any I&Rs which conformed to the definition of a "comprehensive" I&R.
4. Users were interviewed at 50 of the 62 sites. Where there were no User interviews, the I&R did not permit access to their User files for policy reasons relating to the clients' privacy rights. Varying numbers of interviews were obtained from the sample of 15 Users selected at each site. A total of 502 User interviews was conducted, with an average of 10 being conducted per site.

To provide further perspective for information in subsequent chapters, characteristics of sample I&R's are shown in Tables 3-3 and 3-4. Table 3-3 presents the distribution of sampled I&Rs by type of agency and elderly population category. Table 3-4 shows sampled I&Rs by type of agency and whether the I&R served only the elderly or all age groups.

TABLE 3-3

SAMPLE I&Rs BY TYPE OF AGENCY AND ELDERLY POPULATION CATEGORY
(N=62)

Type of Agency	Population Categories						Total	
	Less than 30,000		30,000 99,999		100,000 or Greater			
	#	%	#	%	#	%	#	%
State/Area Agency on Aging	11	40.8	9	41.0	6	46.2	26	42.0
Social Service Agency	10	37.0	12	54.5	5	38.5	27	43.5
Other Agencies	6	22.2	1	4.5	2	15.3	9	14.5
Total	27	100.0	22	100.0	13	100.0	62	100.0

TABLE 3-4

SAMPLE I&Rs BY TYPE OF AGENCY AND AGE GROUP SERVED
(N=62)

Type of Agency	Served All Age Groups		Served Only the Elderly		Total	
	#	%	#	%	#	%
State/Area Agency on Aging	5	18.5	21	60.0	26	41.9
Social Service Agency	18	66.7	8	22.9	27	43.5
Other Agencies	4	14.8	6	17.1	9	14.5
Total	27	100.0	35	100.0	62	99.9

As shown in Table 3-4, 35 (56 percent) of the selected I&Rs served only the elderly. The remaining 27 (44 percent) of the I&Rs served all age groups. Three I&Rs also served handicapped persons regardless of age. Sixty percent (60%) of I&Rs which were units of State or Area Agencies on Aging served only the elderly; while only 8 of 27 (22.9 percent) social service agencies served only the elderly. Other types of agencies were approximately equally distributed between those serving all ages and those serving only the elderly.

Chapters 4 through 16 present findings related to each of the 12 program elements in this evaluation. These chapters first outline AoA minimum requirements and long-range goals. Then conclusions are stated, followed by discussions of findings related to each requirement and goal. Finally, the chapters present any pertinent supplementary information relevant to each program element being evaluated.

CHAPTER 4

ORGANIZATION AND FACILITIES

In order to meet AoA minimum requirements for organization and facilities of I&R services, an I&R must be:

1. An independent public or voluntary agency or a clearly identifiable visible unit within a broader agency or organization
2. Equipped to give particular attention to older people as part of a service to all groups or to older people exclusively
3. Prepared to assist older people with the entire range of needs or problems they may confront
4. Incorporated, if it is a voluntary agency
5. Suitably furnished and have sufficient space to ensure comfort and confidentiality during interviewing, if it is available to walk-in callers

No additional requirements were specified by AoA in identifying long-range goals.

CONCLUSIONS

The organizational structures and facilities of the I&Rs visited were for the most part consistent with AoA guidelines. However, there was one major deficiency. At more than half of the I&Rs the facilities were not appropriate for interviewing walk-in callers.

Conclusions relating to organization and facilities are:

- All of the I&Rs were independent public or voluntary agencies or clearly identifiable units of larger organizations.
- Thirty-five (35) I&Rs served only the elderly; 27 served all age-groups. All were equipped to give particular attention to older people.
- Most I&Rs were able to assist older people by referring them to Providers equipped to meet the entire range of their needs and problems. The major exception was that there were some limitations on service availabilty in rural areas.
- There were 18 private I&Rs; 17 of these were incorporated as nonprofit organizations.
- At 33 of the 62 I&Rs, facilities were observed to be unsuitable for privately interviewing walk-in Users.

FINDINGS RELATED TO REQUIREMENTS AND GOALS

Organization

Most I&Rs (85 percent of the sample) were units of public agencies, about half of which were operated by State or Area Agencies while the other half were units of public social service agencies. All but one of the private I&Rs were incorporated as nonprofit organizations, thereby meeting AoA minimum requirements.

It was noted by field team personnel that 17 (27 percent) of the I&Rs visited did not have any documentation which described their organizational structure. Of the 45 where documentation existed, 69 percent had information on their structure; 34 percent had descriptions of their relationships with parent organizations, and 18 percent had materials describing the relationship and responsibilities of satellite centers to the main I&R site.

Addressing the Needs and Problems of Older People

I&Rs were generally found to be making concentrated efforts to provide the types of services needed by older persons within their target areas. The geographic area covered by the I&Rs ranged from part of a planning and service area to an entire state, and service populations varied greatly.

More I&Rs (35) served only the elderly than those serving all age groups (27). Those providing age-segregated services were situated primarily in State/ Area Agencies on Aging; age-integrated services were concentrated in the social service agencies. Rural and urban I&Rs were equally as likely to be age-integrated and age-segregated.

The minimum services to be provided by an I&R are information-giving and referral, which all I&Rs in the study provided. Follow-up, direct outreach, transportation and escort services are recommended as long-range goals; more than half of the I&Rs in the study provided these services. Outreach was more frequently provided by rural I&Rs and transportation/escort services by I&Rs covering small elderly populations and in rural areas. Table 4-1 shows services provided by the I&Rs, by elderly population category.

There were no significant differences in the services provided among the population categories, except that transportation and escort services were provided more frequently by I&Rs covering small elderly populations. Conversely, case advocacy and emergency services were provided more frequently in I&Rs covering larger elderly population target groups.

TABLE 4-1

SERVICES PROVIDED BY DESIGNATED I&Rs BY ELDERLY POPULATION CATEGORY

I&R Services	Population Categories						Total (N=62)	
	Less than 30,000 (N=27)		30,000-99,999 (N=22)		100,000 or Greater (N=13)			
	#	%	#	%	#	%	#	%
Information-Giving	27	100.0	22	100.0	13	100.0	62	100.0
Referral	27	100.0	22	100.0	13	100.0	62	100.0
Follow-up	26	96.3	21	95.5	13	100.0	60	96.8
Case Advocacy*	20	74.1	18	81.6	12	92.3	50	80.6
Outreach/Casefinding	18	66.7	15	68.2	8	61.5	44	66.1
Emergency Services	15	55.6	15	68.2	9	69.2	39	62.9
Transportation	19	70.4	12	54.5	6	46.2	37	59.7
Escorts	17	63.0	11	50.0	6	46.2	34	54.8
Case Management**	15	53.6	13	59.1	5	38.5	33	53.2

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* Case advocacy is defined as attempting to identify or develop resources to meet special or unique needs of an individual or group.

** Case management means assigning individual Users to a member of the staff who will personally attempt to identify resources to take care of the person's problems and serve as a continuing liaison. Typically case management involves multiple contact with Users and extensive follow-up with Providers.

In addition to the I&R services covered by AoA guidelines, many I&Rs were observed to provide a wide variety of other direct services, such as nutrition, recreation and health-related services. Such services tended to be provided more frequently by age-segregated than age-integrated I&Rs and were observed more frequently in rural, semi-rural and suburban than in urban locations.

I&Rs serving only the elderly tended to provide somewhat more comprehensive services than age-integrated I&Rs. The age-segregated I&Rs were as likely or more likely to provide each type of service than age-integrated I&Rs. Table 4-2 shows services provided by type of population served.

A similar but much less pronounced pattern was found for I&Rs which were units of State and Area Agencies on Aging when compared to I&Rs with other organizational arrangements. Units of State and Area Agencies tended to provide more comprehensive services than independent I&Rs and those which were units of social service agencies. (See Table 4-3.) However, these differences were very slight with the exception of case management.

Ability to Make Referrals for Services

Services to which I&Rs could refer Users varied only slightly among the 62 sites. From a list of 24 types of services, I&R Directors indicated the ones for which they could make referrals. Table 4-4 shows frequency of responses to this question by elderly population category. Analysis of these data indicates that there is a fairly direct relationship between availability of services and the size of the elderly population served.

TABLE 4-2

I&R SERVICES PROVIDED WHETHER I&R IS AGE-SEGREGATED OR AGE-INTEGRATED

I&R Services	Age-Segregated (N=35)		Age Integrated (N=27)		Total (N=62)	
	#	%	#	%	#	%
Information-Giving	35	100	27	100	62	100
Referral	35	100	27	100	62	100
Follow-Up	34	97	26	96	60	96
Case Advocacy	30	86	20	74	50	81
Outreach/Casefinding	26	74	15	56	41	66
Emergency Services	22	63	17	63	39	63
Transportation	22	63	15	56	37	60
Escorts	22	63	12	44	34	55
Case Management	20	57	13	48	33	53

TABLE 4-3

I&R SERVICES PROVIDED BY TYPE OF ORGANIZATION

I&R Services	Units of State/Area Agencies (N=26)		Other Sample I&Rs (N=36)		Total (N=62)	
	#	%	#	%	#	%
Information-Giving	26	100.0	36	100.0	62	100.0
Referral	26	100.0	36	100.0	62	100.0
Follow-Up	25	96.0	35	97.0	60	96.0
Case Advocacy	20	77.0	30	83.0	50	81.0
Outreach/Casefinding	18	69.0	23	64.0	41	66.0
Emergency Services	17	65.0	22	61.0	39	63.0
Transportation	17	65.0	20	56.0	37	60.0
Escorts	15	56.0	19	53.0	34	55.0
Case Management	18	69.0	15	42.0	33	53.0

TABLE 4-4

SERVICES FOR WHICH I&R COULD MAKE REFERRALS BY ELDERLY POPULATION CATEGORY

Services	Population Categories						Total	
	Less Than 30,000 (N=27)		30,000-99,999 (N=22)		100,000 or Greater (N=62)		(N=62)	
	#	%	#	%	#	%	#	%
Food/food stamps/nutrition services	27	100.0	22	100.0	13	100.0	62	100.0
Social security	27	100.0	22	100.0	13	100.0	62	100.0
Transportation services	27	100.0	22	100.0	13	100.0	62	100.0
Employment services	26	96.3	22	100.0	13	100.0	61	98.4
Homemaker services	27	100.0	21	95.5	13	100.0	61	98.4
Housing, including location repairs	26	96.3	22	100.0	13	100.0	61	98.4
Nursing home services	26	96.3	21	95.5	13	100.0	60	96.8
Medical services	26	96.3	21	95.5	13	100.0	60	96.8
Mental health services	26	96.3	21	95.5	13	100.0	60	96.8
Home health care	27	100.0	20	90.9	13	100.0	60	96.8
Recreation services	25	92.6	22	100.0	13	100.0	60	96.8
Welfare payments	26	96.3	21	95.5	13	100.0	60	96.8
Counseling services	23	85.2	22	100.0	13	100.0	58	93.5
Emergency services	25	92.6	19	86.4	13	100.0	57	91.9
Legal services	21	7718	21	9515	13	100.0	55	88.7
Escort services	23	85.2	19	86.4	13	100.0	55	88.7
Telephone reassurance	21	77.8	21	95.5	13	100.0	55	88.7
Consumer services	21	77.8	21	95.5	12	92.3	54	87.1
Outreach services	21	77.8	20	90.9	13	100.0	54	87.1
Cash assistance	22	81.5	19	86.4	12	92.3	53	85.5
Clothing	23	85.2	18	81.8	12	92.3	53	85.5
Dental services	19	70.4	20	90.9	12	92.3	51	82.3
Companionship services	17	63.0	16	72.7	13	100.0	46	74.2
Day and/or temporary care	17	63.0	16	72.7	12	92.3	45	72.6

There were some limitations on service availability in rural areas. Using the five services with the lowest overall frequency of availability, the data tend to substantiate this finding as shown by Table 4-5.

Suitability of Facilities

All but two of the 62 I&Rs claimed to be able to serve walk-in Users. Field observers noted that at more than half (54 percent) of the I&Rs serving walk-ins, facilities were inadequate for privacy; however, most had seating that was appropriate for older persons.

At half of the I&Rs, it was the opinion of observers that there was an inadequate amount of individual working space, while at 11 percent of the sites, all interviewers did not have a desk. Fifteen percent (15%) of the I&Rs did not have phones for each interviewer's desk. Thirty-nine percent (39%) of the I&Rs had inadequate overall space within which to conduct the various I&R functions. At 37 percent of the I&Rs, the observers noted that the noise level was higher than they felt was acceptable given the interviewing function of the I&Rs.

About one-quarter of the 502 Users surveyed had visited the I&Rs. Half of these walk-ins said they had not been interviewed in a private room or area; however, there was no dissatisfaction expressed by Users regarding this factor.

SUPPLEMENTARY INFORMATION CONCERNING ORGANIZATION AND FACILITIES

No supplementary data was collected regarding this I&R element.

TABLE 4-5

FIVE LEAST AVAILABLE SERVICES BY URBAN/RURAL STATUS

I&R Services	Urban (N=29)		Rural (N=33)		Total (N=62)	
	#	%	#	%	#	%
Cash Assistance	26	89.7	27	81.8	53	85.5
Clothing	24	82.8	29	87.9	53	85.5
Dental Services	26	89.7	25	75.8	51	82.3
Companionship Services	25	86.2	21	63.6	46	74.2
Day or Temporary Care	23	79.3	22	66.7	45	72.6

CHAPTER 5

RESOURCE FILE

The resource file is a compilation of information that identifies the opportunities, resources, and services in a community, a planning and service area, or a State, and the agencies and organizations through which they are available to older people. Minimum requirements and long-range goals are as follows:

Minimum Requirements

1. Consists of an inventory of opportunities, resources and services, and their providers, in all areas relevant to the needs and problems of older people
2. Classifies the information by (a) name and nature of the agency and (b) types of service available
3. Is accessible to State and Area Agencies on Aging and to other public and private agencies, on request

Long-Range Goals

4. Updates the file on a continuing basis with complete verification or revision at least every six months

CONCLUSIONS

The resource files developed and maintained by the I&Rs generally contained a comprehensive listing of available resources for older persons and met minimum AoA requirements:

- Nearly all I&Rs had in their resource files an inventory of opportunities, resources, services and Providers and had made a conscientious effort to identify and include in the file all available services.
- Sixty-nine percent (69%) classified information by name of the Provider (agency or individual); 82 percent classified information by type of service.

- Eighty percent (80%) of the I&Rs made their resource files available to State and Area Agencies on Aging and Providers of services to older persons.
- Eighty-five percent (85%) of the I&Rs had an updating system for their resource file; however, only 40 percent were updating the files semi-annually or more often.

While the level of sophistication of the I&Rs varied, it appeared that the degree of detail and the number of resources were usually related to the availability of services within the area and did not necessarily reflect any laxness on the part of the I&Rs in identifying and including services for older persons. In some rural areas it was observed that although a range of services may have been provided, these services were rendered by a very small number of Providers.

FINDINGS RELATED TO REQUIREMENTS AND GOALS

Adequacy of Inventory of Relevant Resources for Older Persons

By an actual count, the average number of Providers in the resource file at the I&Rs in the study was 329; the average number serving the elderly was 233. Based on examination of telephone directories for the sites and upon comments from State/Area Agencies, the resource files usually had many more resources than could be identified in the directories. Findings resulting from this activity were as follows:

- The average number of social service agencies listed in local Yellow Pages at I&R sites was 87.
- For listings of services for elderly persons, the average number was 15.

- At 50 percent of the sites, senior citizen agencies were not listed separately in the Yellow Pages.
- At 6 percent of the sites, neither social service agencies, in general, nor agencies specifically serving older people were listed in the Yellow Pages directories.

Coverage of Providers by the resource files was observed to be primarily dependent upon the availability of services in the area.

All but one I&R had conducted activities to assure comprehensive coverage of resources in the area. Most (90 percent) indicated consultation with Provider agencies followed by continuous monitoring of local publications and periodicals for announcements of new agencies and/or services (84 percent). Table 5-1 shows the type and extent of activities conducted by the I&Rs. I&Rs serving an elderly population of less than 30,000 were less likely to carry out such activities. No significant differences were noted for I&Rs which were part of State or Area Agencies and for other sample I&Rs, although more of the former (81 percent) than the latter (58 percent) had performed needs assessments.

Also, it was found that, in every instance, activities were conducted less frequently in I&Rs serving rural areas than those serving urban areas. In addition, age-integrated and age-segregated I&Rs behaved similarly except many more age-segregated (85 percent) than age-integrated (41 percent) I&Rs had performed needs assessments. There were no differences between I&Rs which were units of State/Area Agencies and other sample I&Rs.

TABLE 5-1

ACTIVITIES CONDUCTED BY I&Rs TO ASSURE COMPREHENSIVENESS OF THE RESOURCE FILE

(N=62)

Activities	I&R Services	
	#	%
Consulted with Provider agencies regarding services and needs	56	90
Continuously monitored local publications and periodicals	52	84
Continuously tried to identify gaps in coverage by the resource file	49	79
Continuously collected feedback information from clients regarding availability and scope of services	48	77
Consulted with planning agencies regarding needs of the elderly	47	76
Performed a needs assessment among the elderly	42	68
Conducted no activities to assure comprehensiveness of the resource file	1	2
Other	1	2

State/Area Agency Directors were mostly satisfied with the degree of comprehensiveness of the resource files, stating they felt the file contained a listing of all available resources. (See Table 5-2.) Some of the State/Area Agencies had assisted in development of the files. No differences were noted for I&Rs which were part of the State/Area Agency and other sample I&Rs.

TABLE 5-2

COMPREHENSIVENESS OF RESOURCE FILE AS PERCEIVED BY STATE/AREA AGENCIES (N=62)

Reasons for Perceived Comprehensiveness	State/Area Agencies	
	#	%
File is complete; every available resource in area is included	40	65
File is updated regularly	11	18
File is not comprehensive/ does not cover all areas, resources and/or services	5	8
Feedback from Users has been positive	3	5
File was developed cooperatively with major Providers	2	3
Not familiar with the file	2	3
Other	1	2

Methods of Classifying Information

I&Rs used a number of methods for classifying information in their resource files, as shown by Table 5-3. Only one I&R had no classification system of any kind.

TABLE 5-3

METHODS OF CLASSIFYING INFORMATION IN THE RESOURCE FILE
(N=62)

Classification Methods	I&R Services	
	#	%
By type of service	51	82
By Provider (agency or individual)	43	69
By need or problem	39	63
By geographic location	22	35
By segment of population served	7	11
Other	2	4
No classification method used	1	2

Forty-nine (49) of the 62 I&Rs listed services and resources by at least two of the classifications; four I&Rs used five classifications. Twelve (12) I&Rs classified information by only one category, usually by type of service or need/problem.

There are some differences in the manner in which information was classified by rural/urban status of the I&R. This information is provided in Table 5-4. Rural I&Rs were nearly twice as likely to use information on geographic location of Providers than their urban counterparts. Both were equally likely to file information by Provider. Urban I&Rs more frequently filed information by need or problem and/or type of service provided.

TABLE 5-4

METHODS OF CLASSIFYING
INFORMATION IN RESOURCE FILE

Classification Method	Urban (N= 29)		Rural (N= 33)		Total (N= 62)	
	#	%	#	%	#	%
By type of service	26	89.7	25	75.8	51	82.3
By Provider	20	69.0	23	69.7	43	69.4
By need or problem	20	69.0	19	57.6	39	62.9
By geographic location	7	24.1	15	45.4	22	35.5
By segment of population served	4	13.8	3	9.1	7	11.3

Use of standardized classification systems was not widespread among the sites included in the study. Of the 62 sites, 17 (27 percent) were using such a system or a modification thereof. UWASIS (developed by United Way) was the most popular, with ten I&Rs using it in some form. SEARCH and IRMA were each being used by three I&Rs; IRIS was being used by one. No difference was noted for urban and rural sites; in both instances, approximately 27 percent of the I&Rs used standardized classification systems. However, I&Rs serving less than 30,000 elderly population were significantly less likely to use such a system than their counterparts serving a larger elderly population. There was no evidence that use of standardized classification systems, such as UWASIS or SEARCH, produced more effective I&R services.

Accessibility of Resource Files to Other Agencies

Most I&Rs made their resource files available to other agencies. About 80 percent of the files were accessible to State and Area Agencies on Aging and Providers. About three-fourths (73 percent) made the files available to agencies providing I&R to older persons. Resource files were shared largely through providing permission to use the file at the I&R facility, although nearly half indicated that copies of all or parts of their files could be provided upon request. Resource directories were available for purchase from 15 percent, while 16 percent provided them free of charge.

Only five sites had any written information on their file-sharing policies which outlined procedures for use of the resource file by other agencies and organizations. These were all units of social service agencies and they all made their resource files available to other agencies.

Over half (56 percent) of the State/Area Agencies said they had had occasion to request copies of or permission to use the I&Rs' resource file. The purposes for requesting the file were varied and scattered over a wide range of responses which are provided by Table 5-5.

TABLE 5-5

REASONS FOR STATE/AREA AGENCY REQUESTS FOR COPIES OF/OR ACCESS TO I&R's RESOURCE FILES

(N=62)

Purpose for Requesting Use of Resource File	State/Area Agencies	
	#	%
To provide I&R or information to persons requesting it	11	18
Planning/coordination of services	8	13
For general information regarding resources and contact persons	9	15
To assess needs/determine gaps in services	7	11
To determine comprehensiveness of file and monitor updating system	4	6
Not applicable; I&R is part of AAA	4	6
For distribution to other agencies	3	5
Other	1	2

Sixteen percent (16%) of the 183 Provider agencies and 68 percent of the Other I&Rs occasionally requested access to the subject I&R's resource file. Their reasons for requesting access to the resource files were primarily to assist clients in locating resources or services and for use in updating their own information files.

Updating the Resource File

Most I&Rs (85 percent) reported that they had an updating system, although only 40 percent of all I&Rs updated their resource files at least semi-annually, which is recommended by AoA as a long-range goal. Twenty-four percent (24%) indicated they updated on an on-going or continuous basis, or "as needed." Almost a quarter (23 percent) did annual updates.

Partial updates were more prevalent than complete ones (60 percent). Generally, I&Rs obtained update information directly from Providers, although 10 percent said they made changes after receiving information by word-of-mouth or from newspapers and other media.

SUPPLEMENTARY INFORMATION CONCERNING THE RESOURCE FILE

Establishment of the Resource File

Among the I&Rs, there were a variety of approaches to establishing the resource file, as shown by Table 5-6.

TABLE 5-6

APPROACHES TO DEVELOPING THE RESOURCE FILE

(N=62)

Activities Conducted to Establish Resource File*	I&R Services	
	#	%
I&R staff surveyed Provider agencies	50	81
Utilized information collected and provided by another organization	29	47
Expansion of existing community services directory	27	44
Existing community services directory, used as is	19	31
Built upon the resource file of another I&R service	9	15
Built upon I&R staff knowledge of resources in the area	5	8
Used the resource file of another I&R service, as is	4	6
Other	3	5
Don't Know	2	3

* Responses apply to several resource file components, e.g., basic file, supplementary materials, etc.

State and Area Agency Directors were asked about their involvement in the development of the I&R resource files. Most indicated they participated in some manner (79 percent) in the initial establishment of the files. State and Area Agencies which had designated I&Rs outside of their own organizations were less likely to have assisted in the development of the resource files--69 percent compared to 92 percent for I&Rs which were units of the State/Area Agencies on Aging. As shown in Table 5-7, participation in all aspects of the development of I&R resource files was more pronounced for I&Rs which were units of State/Area Agencies than for other sample I&Rs.

TABLE 5-7

STATE AND AREA AGENCY INVOLVEMENT IN DEVELOPMENT OF I&R RESOURCE FILES BY TYPE OF ORGANIZATION

Agency Participation	Units of State/Area Agencies (N=26)		Other Sample I&Rs (N=36)		Total (N=62)	
	#	%	#	%	#	%
Provided resources or staff	18	69	18	50	36	58
Assisted in data collection	14	54	12	33	26	42
Provided data on Providers	11	42	13	31	24	39
Provided I&R with directory	14	54	8	22	22	35
Provided an existing resource file	5	19	6	17	11	18

Verifying Information for the Resource File

Most I&R Directors (89 percent) indicated that information about Providers was verified before it was placed in the resource file. Those who verified generally contacted the Provider agencies by telephone or letter to request confirmation that the information was correct. Some visited the Providers and others indicated that they obtained verification from Users of the services.

Manual vs. Automated Resource Files

Sixty-one (61) of the 62 I&Rs had a resource file but none had one that was fully automated, i.e., using the computer for search, matching and all other resource file functions. Only eight of the I&Rs used a computer at all. One site was observed to have no resource file.[6] Comparatively, 6 percent of the Other I&Rs did have fully automated resource files.

The eight I&Rs with combination manual-automated resource file systems used their computers for the following purposes related to the file and other I&R activities:

- Six I&Rs used the computer to maintain or update the resource file.
- Four I&Rs used the computer to produce a manual system, i.e., directory of services, which served as the primary resource document.
- Four I&Rs used the computer to produce reports.
- Four used it for other administrative purposes.

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[6] At this site the Director (who was the only staff person) answered all questions regarding the resource file. However, when it became apparent that there was no resource file to be examined, the Director's explanation was that they "had left it in the old office," but the information was "in his head."

- Three I&Rs recorded and stored data on Users, problems, actions taken and related operational data.
- One I&R used the computer to "search" for resources when a combination of factors made it difficult to acquire information by manual methods.

There was no indication that use of a computer had any correlation to the scope or level of comprehensiveness of the data in the file.

Components of the Resource File

Most resource files consisted of a directory of social services. Often, all or part of the information in the directory was also contained on index or rolodex cards for easier access to frequently referred-to resources.

Data Items in Resource Files

Study team members reviewed the resource file and its supplemental materials to determine what types of information were maintained about Provider agencies. Of the 61 I&Rs with files, 100 percent maintained the name, address and telephone number of Providers listed in the file. Table 5-8 outlines the types of information maintained by the I&R services in their resource files.

Usability of the Resource File

Interviewers were observed while using the file as they were assisting callers or walk-in Users of the I&R. At 68 percent of the I&Rs, the resource file was observed to be generally usable while conducting a phone interview (without having to call the client back). Only 50 percent were usable while conducting a personal interview without leaving the interview area or room.

TABLE 5-8

DATA ITEMS MAINTAINED IN I&Rs RESOURCE FILES (N=62)

Data Items	I&R Services	
	#	%
Name of agency	61	98
Address	61	98
Telephone number	61	98
Services provided	53	85
Fees for services	44	71
Business hours	42	68
Agency director	41	66
Eligibility criteria and restrictions	40	65
Geographic area served	40	65
Service hours	34	55
Name of intake person	33	53
Intake telephone number	31	50
Type of agency, i.e., federal, state, local or private	20	32
Other telephone numbers	19	31
Service capacity	19	31
Availability of services	15	24
Policy regarding application for services	15	24
Sources of funds	13	21
Accessibility of agency	12	19
Third-party payment provisions	9	15
Accessibility factors for physical impairments	9	15
Policy for receiving referrals	9	15
Agency staff make-up	8	13
Licensing data	2	3
Accreditation information	2	3
No recource file documentation available	1	2
Other	8	13

At 6 percent of the sites, the interviewer had to leave his or her desk to use the file, while at one site, the file was too cumbersome to use while on the phone.

At ten sites (16 percent), interviewers were not observed using the resource file during the course of the site visit. This was primarily due to the fact that information requested by Users did not require a reference to the file. Often, the information was known to the staff persons handling inquiries; sometimes Users called for various direct services provided by the I&R, such as transportation.

Although not covered by AoA guidelines, it is important to note that only about one-third (32 percent) of the I&Rs had any written procedures for using, maintaining or updating the resource file. Only 8 percent of the I&R staff interviewed could clearly describe how they used their classification system or how it worked to identify the problem, the type of service needed, or the method used to select a Provider for referral.

CHAPTER 6

STAFFING

The major emphasis for this program element is assuring that information and referral services employ qualified staff for linking older persons with the services they require and for maintaining effective working relationships with service providing agencies. AoA staffing guidelines are:

Minimum Requirements

1. Utilizes a paid and/or volunteer staff for: (a) compiling a resource file, (b) receiving requests for assistance from older people, and (c) directing older persons to sources of information or assistance required
2. Orient new staff members to information and referral services and keep all staff apprised of changes in procedures and availability of services

Long-Range Goals

3. Arranges with appropriate agencies for training paid and volunteer personnel to provide I&R services
4. Conducts a program of continuing education for staff and apprises staff of changes in procedures and community resources

CONCLUSIONS

Staffing patterns and training procedures were generally adequate to meet critical information, referral and planning activities undertaken by the I&R services:

- All I&Rs in the study were meeting the two minimum requirements.
- All but one of the I&Rs had one or more paid staff members.

- Thirty (about 50 percent) of the I&Rs used volunteers to supplement their staff; volunteers were used in all aspects of I&R operations.
- I&Rs were meeting long-range goals by utilizing other agencies in the training process and by providing in-service training activities to continually keep the staff informed regarding community resources.
- Twenty six (26) of the 30 I&Rs (87 percent) using volunteers provided some type of training; all 26 conducted in-service and/or on-the-job training for the volunteers.

FINDINGS RELATED TO REQUIREMENTS AND GOALS

Utilization of Paid and Volunteer Staff

Most of the I&Rs (92 percent) had one or more full-time paid staff members although five had no full-time personnel.

- Twenty-three percent (23%) had only one full-time paid staff member.
- Thirty-eight percent (38%) had two to four full-time paid personnel.
- Sixteen percent (16%) had six to ten.
- Fifteen percent (15%) had more than ten.

One site with several satellite centers reported having 137 full-time personnel. If this I&R is eliminated from the sample, the average number of full-time paid employees is five.

In addition to full-time paid staff, I&Rs employed part-time personnel and used full- and part-time volunteers. Part-time staff were employed by 41 of the I&Rs; the average number of part-time paid personnel was five. Full-time volunteers were used by only six I&Rs. Four of these had one person in this capacity, but one site had 17 and another 20. Part-time volunteers were utilized by 29 I&Rs, most of which had from one to ten (59 percent) while

17 percent had between 10 and 20. A sizeable percentage had 50 or more part-time volunteers (28 percent). The average number of part-time volunteer staff was 42.

Both full- and part-time volunteers were used in all aspects of I&R operations with most being assigned to information-giving (39 percent), followed by referral (35 percent). Table 6-1 provides responses concerning use of volunteers by the designated I&Rs. With the exception of transportation and escort components, I&Rs serving less than 30,000 elderly population generally engaged volunteers approximately one-half as frequently as I&Rs serving a larger elderly population. Volunteers were used approximately as frequently for transportation and escort services independent of the size of the elderly population served.

TABLE 6-1

USE OF VOLUNTEERS IN DESIGNATED I&Rs BY ELDERLY POPULATION CATEGORY (N=62)

I&R Services	Population Categories							
	Less Than 30,000 (N=27)		30,000 99,999 (N=22)		100,000 or More (N=13)		Total	
	#	%	#	%	#	%	#	%
Information-Giving	7	25.9	11	50.0	6	46.2	24	38.2
Referral	6	22.2	10	45.5	6	46.2	22	35.5
Transportation	8	29.6	8	36.4	4	30.8	20	32.3
Escorts	8	29.6	7	31.8	5	38.5	20	32.3
Follow-up	3	11.1	9	40.9	6	46.2	18	29.0
Outreach/Casefinding	3	11.1	7	31.8	4	30.8	14	22.6

Use of Training Programs to Orient Personnel

According to I&R Directors, only four (6 percent) I&Rs did not conduct any type of training for paid staff. About half said they conducted pre-service and in-service training, while a majority (76 percent) provided on-the-job training for employees. Even more said their personnel participated in outside training activities such as workshops and seminars (79 percent). Volunteer training was provided by 26 of the 30 I&Rs utilizing full and/or part-time volunteers. In-service and on-the-job training were the primary methods for such training. Table 6-2 shows the types of training provided.

State and Area Agencies were heavily involved (87 percent) in staff training activities. Table 6-3 shows how State/Area Agencies participated. As shown in the table, State/Area Agencies on Aging that had I&Rs which were units of their organization were generally more involved in training activities than State/Area Agencies that had designated I&Rs which were independent or units of social service agencies.

State and Area Agencies were more actively involved in all types of activities specified when the I&Rs were part of their own organization. However, significant involvement was also evident for State and Area Agencies which had designated other agencies to provide I&R services.

About one-third of the 183 Providers said they had been involved in I&R staff training. Twenty-eight percent (28%) said they participated in training sessions and 7 percent conducted training.

TABLE 6-2

TYPES OF TRAINING PROVIDED BY I&Rs
(Director's Responses)
(N=62)

Types of Training	I&R Services	
	#	%
Outside training activities	49	79
On-the-job training	47	76
In-service training	32	52
Pre-service training	31	50
Participation in college-level coursework related to working with elderly	20	32
No training provided	4	6
Participation in college-level coursework not specifically related to working with elderly	2	3
Other	1	2

TABLE 6-3

PARTICIPATION BY STATE/AREA AGENCY IN I&R STAFF TRAINING

Training Activities	Units of State/ Area Agencies (N=26)		Other Sample I&Rs (N=36)		Total (N=62)	
	#	%	#	%	#	%
Participated in training sessions	21	81	21	58	42	68
Conducted training	18	69	20	56	38	61
Provided training materials	15	58	20	56	35	56
Provided consultation on development of training materials	14	54	13	36	27	44
Developed and promulgated training policy	12	46	11	31	23	37
Provided for training input from other agencies	3	12	2	6	5	8

SUPPLEMENTARY INFORMATION CONCERNING I&R STAFFING PROCEDURES

Staff Qualifications

I&R Directors were asked what their qualifications were for personnel who deal directly with clients. In response to this question, a wide variety of personal, background and educational qualifications were specified. Most Directors cited several qualifications, but the need for good communications skills was indicated more often than any other. Other frequently mentioned qualifications were those related to interpersonal skills, while more specific areas of experience, such as background in working with the elderly, were felt to be of less importance. Table 6-4 shows responses to this question.

Use of Supervisory Personnel

I&R staff were asked if they had assigned supervisors; 92 percent indicated that they did. For 63 percent of these respondents, the supervisor was the I&R Director; 11 percent of the supervisors were directors of parent organizations. Only 5 percent were supervised by Assistant Directors and 8 percent by other I&R staff members.

Job Descriptions

When asked if there was a job description for their position, 81 percent of the staff said there was, although only 76 percent of them had a copy of or had access to the job description. This question was designed to determine the degree to which I&R functions had been defined in terms of staffing requirements and personnel responsibilities.

TABLE 6-4

MOST IMPORTANT PERSONAL, EDUCATIONAL AND BACKGROUND QUALIFICATIONS FOR I&R STAFF

(N=62)

Qualifications	I&R Services	
	#	%
Good communications skills	38	61
Patience/understanding/sensitivity	37	60
Ability to develop rapport and mutual respect with clients	30	48
Experience in working with people, in general	24	39
Desire to help people	24	39
Concern for clients' well-being	23	37
Understanding of the social/health/aging services system in area	19	31
Experience in working with elderly	18	29
Willingness to make extra effort when needed	16	26
Professional social work or counseling experience	15	24
Maturity/professionalism/ability to handle crises	10	16
Educational background related to working with elderly	9	15
College degree preferred	7	11
Good record-keeping/organizational skills	6	10
High school education	3	5
Bilingual capability	2	3
Experience related to medicine or nursing	1	2
Other	1	2

Problems Related to Staffing

I&R Directors were asked about specific staff problems they may have had and State/Area Agency Directors were asked to identify any staffing or administrative problems they were aware the I&Rs had. The replies to these related questions generally fell into the same categories; Table 6-5 presents a comparison of the responses of the two groups.

As can be seen from the table, I&R Directors and State/Area Agency Directors tended to attach different levels of importance to certain areas. For example, 34 percent of the I&R Directors, compared to only 16 percent of the State/Area Agency Directors, felt there were not enough personnel to adequately handle the number of calls received. Sixty percent (60%) of the I&R staff also felt there was an insufficient number of personnel. Thirty-five percent (35%) of the I&R Directors, but only 6 percent of the State/Area Agency Directors, felt the I&R had inadequate working space.

Sufficiency of Personnel

Only 19 percent of the I&Rs appeared to have too few personnel to handle the workload or the population of Users. Among I&Rs where walk-ins could be observed, 49 percent had enough staff to serve these Users promptly. Staff were observed to be generally sufficient to handle the volume of telephone requests. At 14 percent of the I&Rs, the phones seldom rang. At four sites it was noted that staff were insufficient to handle the volume of calls. At two of these, clients frequently had to be called back or were consistently placed on hold.

TABLE 6-5

STAFF PROBLEMS/ADMINISTRATIVE PROBLEMS
(Directors vs. State/Area Agencies)

Problem Areas	Directors (N=62)		State/Area Agencies (N=62)	
	#	%	#	%
Not enough space to provide comfortable working conditions/or adequately serve elderly	22	35	4	6
Not enough personnel to adequately handle the number of calls received	21	34	10	16
No problems	20	32	31	50
Unfilled vacancies	12	19	4	6
Problems finding qualified personnel	12	19	7	11
Difficulty keeping personnel due to low pay or poor working conditions	11	18	1	2
Staff do not possess needed skills/staff training needs	1	2	3	5
Not enough funding	1	2	7	11
Problems relating to use of CETA/VISTA personnel	--	--	3	5
Poor management/lack of direction	--	--	2	3
Other	--	--	7	11

Level of Staff Knowledge About Resources/Services

The field personnel listened to I&R staff responding to inquiries from Users. At 82 percent of the sites, the interviewers were observed to be able to answer simple questions without extensive reference to the resource file. At 84 percent of the I&Rs, the staff appeared to be knowledgeable about whether services would be available from given agencies.

CHAPTER 7

ACCESS

Title III of the Older Americans Act requires that State and Area Agencies assure that all older persons have reasonably convenient access to I&R services. AoA guidelines for access are:

Minimum Requirements

1. Services shall be available during normal working hours through walk-in centers and/or by telephone.
2. In areas where an emergency answering service exists, the I&R service should endeavor to make older persons aware of it.
3. Bilingual personnel and personnel capable of overcoming potential barriers shall be available when the I&R agency is servicing a population that presents special problems of communication.

Long-Range Goals

4. Telephone services are available toll-free for all users within the area served by the I&R.
5. A telephone answering service receives calls and arranges for assistance in emergency situations outside of normal working hours.
6. In areas where walk-in centers are utilized, subcenters are maintained as necessary.
7. Access to walk-in centers is free of physical barriers to older and handicapped persons.

CONCLUSIONS

Minimum requirements, as specified in AoA-PI-75-9, are being met. However, I&Rs have not yet achieved any degree of progress toward long-range goals such as toll-free telephone services, implementation of after-hours and emergency services, development of satellite centers for the purposes of facilitating walk-in services, and providing barrier-free access to walk-in services. Conclusions about the accessibility of I&R services are:

- All but one of the 62 I&Rs operated for at least five hours during the normal working day.
- Sixty of the I&Rs served walk-in Users.
- Emergency answering services were only available at six of the I&Rs; these services were advertised.
- Bilingual capabilities were needed by 27 of the I&Rs (44 percent); all but one of these had some form of bilingual services.
- Toll-free services were needed by 65 percent of the I&Rs; only half of these had such services.
- Satellite centers were operated by 40 percent of the I&Rs.
- Only 10 percent of the I&Rs visited had no physical barriers impeding access to walk-in centers.

FINDINGS RELATED TO REQUIREMENTS AND GOALS

Availability of I&R Services by Telephone

All of the sample 62 I&Rs operated during daytime working hours. Of these, 58 (94 percent) were open eight or more hours daily. Four I&Rs (6 percent) were open from four to seven hours daily.

Of the Users who called the I&Rs, nearly all (97 percent) called during daytime working hours, and almost all did so on a weekday, rather than on a weekend. Only 3 percent of the 502 Users expressed having any difficulty calling the I&Rs for services.[8] This was supported by field observations that the number of lines was adequate to handle the volume of calls.

Thirty-five percent (35%) of the State/Area Agencies felt the I&Rs' telephone services were inadequate to meet I&R needs of the elderly. About half of these felt that telephone services were not being used to capacity and that more outreach was needed to get older persons to use I&R services.

Availability of I&R Services Through Walk-in Centers

Sixty of the I&R Directors claimed their I&R served people who walk-in and 57 of the staff indicated that the I&R could serve both callers and walk-ins. The data available does not account for the slight discrepancy. Of those I&Rs serving walk-ins, according to staff, most were in central locations of the areas served (69 percent). Taxi services were available to 74 percent of the I&Rs and 56 percent were located no more than two blocks from a bus stop. Only about half (56 percent) indicated they were located in areas with a concentration of elderly.

Only 22 percent of the 502 Users surveyed said they had visited the I&Rs which had served them. It is noteworthy that, although the majority of I&Rs were reported by staff to be accessible by public transportation, only five Users said they took a bus or taxi to the I&R. Thirty-one percent (31%) walked, 34 percent drove themselves and 29 percent were driven to the I&R by another person. Walk-in Users were asked if they had any trouble getting to the I&R; 93 percent said "no." Only 4 percent of the walk-ins stated that they had difficulty; 4 percent did not respond.

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[8] It should be noted that because our User sample was selected from I&R records, it was only possible to interview those who succeeded in reaching the I&R by phone. There is no way of estimating how many persons tried to call an I&R and could not get through.

Availability of Emergency and After-Hours Services

Emergency answering services were available at six of the I&Rs. Where such services were available, they were advertised by the I&Rs. Most I&Rs did not have after-hours answering services (81 percent). Six I&Rs had an all-night answering service and weekend answering services were provided by seven I&Rs. At five sites, members of the staff or the Director received calls at home after hours and on weekends.

Use of Bilingual Personnel and Liaisons

Bilingual services were available to Users where such services were needed. Twenty-seven of the I&R Directors (44 percent) said they felt that bilingual capabilities were needed for foreign language callers and all but one of these I&Rs had some form of bilingual services. Regular staff persons were bilingual at 21 of these I&Rs; the others used volunteers and/or had an agreement with someone who could serve as an interpreter.

Availability of Toll-Free Telephone Services

Forty (65 percent) of the I&R Directors indicated that toll or long-distance calls were necessary from certain sectors of their service areas. Of these, nearly half (19) did not provide any toll-free services. Nine of the I&Rs maintained toll-free numbers and the other 12 accepted collect calls. From these data, it is clear that a significant percentage of I&R services are not meeting AoA's long-range goal for access by Users to toll-free long-distance telephone services where they are needed.

Operation of Satellite Centers

According to the Directors, most I&Rs did not have satellite centers. Thirty-seven (60 percent) had none; 15 (24 percent) had one to four and 10 (16 percent) had five or more.

Barrier-Free Access to Walk-In Centers

Study team members surveyed the premises and noted any architectural or design barriers which would impede an older person who wished to visit an I&R center. It was observed that elderly persons would find a variety of physical barriers which would inhibit their access to walk-in services, as indicated by Table 7-1. Only 10 percent of the I&Rs were observed to have no physical barriers, which indicates that I&Rs are not meeting the long-range goal of barrier-free access to walk-in I&R centers.

SUPPLEMENTARY INFORMATION CONCERNING ACCESS

No supplementary data was collected for this element.

TABLE 7-1

PHYSICAL BARRIERS OBSERVED AT I&R FACILITIES

(N=62)

Physical Barriers	I&R Services	
	#	%
No handrails in toilets	42	68
Restrooms do not accommodate wheelchairs	39	63
No ramps for wheelchairs	27	44
Steps leading to building entrance	17	27
Restrooms not close to offices	16	26
Long walk from street/parking area to building	12	19
Long hallways which must be used to receive services	9	15
No elevators where offices are not on first floor	6	10
No physical barriers	6	10
Facilities need repair/improvement	5	8
Location of the facility is not suitable for providing I&R services	4	6
Other barriers	2	3

CHAPTER 8

INTERVIEWING, INFORMATION-GIVING AND REFERRAL

This program element addresses the manner in which I&R services are provided to older persons. AoA guidelines for interviewing, information-giving and referral are:

Minimum Requirements

1. Receive inquiries and determine what information or service is required

2. Provide the information requested, which ordinarily consists of directing the caller to an agency or organization that can extend the assistance necessary for a resolution of the caller's problem or need

Long-Range Goal

3. Actively assist callers by identifying an agency or organization able and willing to provide the service needed and by making an appointment for an older person if such assistance is required

CONCLUSIONS

Interviewing, information-giving and referral procedures were consistently in keeping with AoA guidelines and were generally satisfactory to both Users and Providers of services:

- All I&Rs in the study were meeting the two minimum requirements.
- All but four of the 62 I&Rs were meeting the long-range goal by making necessary linkages between Users and Providers.

No significant problems were identified with regard to this element.

FINDINGS RELATED TO REQUIREMENTS AND GOALS

Receiving Inquiries and Determining Needs

All I&Rs performed the basic functions of receiving inquiries and determining the inquirer's needs for information and/or services. I&R staff were observed at their interviewing tasks at intervals during the site visits and it was found that most interviewers were clearly capable of identifying the needs and problems of the Users in the interview process.

Through an exercise in solving a hypothetical problem, staff respondents typically showed good problem analysis skills, knowledge of resources available to resolve the problem or fill the need, and thoroughness in their efforts to provide information and referral services.

Providing Information and Directing Users to Providers

Three-fourths of the Users (75 percent) indicated that the I&Rs had fully or partly resolved their problems, most often by referring them to Providers or by providing the needed services themselves. Most Users were pleased with the manner in which the interview was conducted and with the effort made on their behalf. It was found that I&Rs generally went to considerable effort to locate appropriate resources for Users. Table 8-1 shows the range of activities carried out by the I&Rs to aid persons requesting assistance.

Making Linkages Between Users and Providers

Almost all of the I&Rs (94 percent) indicated that they made linkages between Users and Providers, as necessary and appropriate. This was confirmed by Providers. At 56 sites at least one Provider indicated that the I&R made linkages with them.

TABLE 8-1

TYPES OF ASSISTANCE PROVIDED TO USERS BY I&Rs
(N=502)

Assistance Provided	Users of I&R Services	
	#	%
User was referred to one or more Providers	177	35
I&R provided services themselves	163	32
I&R arranged for transportation/escort	128	25
I&R staff member went to User's home to provide assistance	77	15
I&R made a linkage, i.e., called Provider to make an appointment or told them User had been referred	76	15
No services provided (for reasons such as no resources available, User did not meet eligibility criteria to receive services, etc.)	36	7
I&R persuaded a Provider to handle a unique or difficult problem	22	4

I&Rs made linkages when it was necessary to make appointments with Providers and where Users were incapable of calling for themselves. Ninety percent (90%) of them felt the linkages were appropriate, but the services were not always available. Twenty-four (13 percent) of the Providers said they could only serve referred Users sometimes.

SUPPLEMENTARY INFORMATION CONCERNING INTERVIEWING, INFORMATION-GIVING AND REFERRAL

Volume of I&R Inquiries

There was a broad variation among I&Rs relative to the average number of total calls per month, ranging from two to 11,000. I&R staff persons individually handled a mean of 298 calls in a month. The mean number of calls regarding elderly persons was 179; that range was also two to 11,000.

Problems Being Addressed by I&Rs

I&R Directors were asked to rank the three most common problem areas about which they received inquiries for the elderly in order of highest occurrence. Four problems received frequent mention--income/social security, transportation, health and housing. Table 8-2 shows responses to this question.

Quality of the Interview

The majority (97 percent) of responding Users were pleased with the manner in which their interviews were conducted, indicating that (a) I&R staff were courteous, understanding and helpful, (b) that they had spent an adequate amount of time discussing the problem with the Users and (c) that the Users understood the information conveyed by the interviewers. This finding was supported by observations of I&R staff responding to telephone

TABLE 8-2

THREE MOST COMMON PROBLEMS OF ELDERLY (IDENTIFIED BY I&R DIRECTORS) (N=62)

Problem Areas	Times Ranked #1	Times Ranked #2	Times Ranked #3	Total Times Ranked
Income/money/social security	17	12	12	41
Transportation	19	7	9	35
Health problems & care/home health care	3	19	13	35
Housing/home maintenance/repair	7	9	7	23
Food/nutrition	4	-	8	12
Homemaker services	4	5	2	11
Employment	3	2	-	5
Consumer needs/problems	-	2	3	5
Legal problems	1	2	-	3
Companionship	1	-	1	2
Nursing home care	1	1	-	2
Other	2	3	7	12

and walk-in inquiries. Eighty-seven percent (87%) of the observed personnel made linkages with appropriate Providers.

Types of Services Offered by Providers

A list of different types of services was presented to the Providers who were asked to indicate which of those services their agencies provided. Providers also were asked to indicate the services for which they received referrals from the subject I&Rs. Table 8-3 shows the number of Providers offering these services. As shown by the table, more Providers offered counseling than any other service, although food/nutrition services, transportation, medical care and outreach were all ranked among the services most often provided.

Types of Information Given to Providers About Referred Persons

Providers were asked if the I&R provided any information about the person being referred. Of the 183 Providers, 130 said the I&R provided some type of information; 51 (28 percent) did not receive any information about referred persons. Table 8-4 shows the kinds of information I&Rs gave to Providers about Users who were being referred for services. In about 10 percent of the cases, neither the name nor information about the need or problem were given to the Provider.

I&R Activities When Resources Are Not Readily Identifiable

I&R Staff were asked: What do you do when an appropriate resource for an elderly person cannot be identified? Responses show that staff would be most likely to call Providers which handle similar or related problems to ask if they could help.

TABLE 8-3

TYPES OF SERVICES OFFERED BY PROVIDERS
(N=183)

Services	Offered by Providers	
	#	%
Counseling	104	57
Food/food stamps/nutrition services	80	44
Medical services	77	42
Transportation services	76	42
Outreach services	70	40
Emergency services	67	37
Telephone reassurance	65	36
Recreation services	53	29
Housing (location, repairs, etc.)	51	28
Home health care	50	27
Homemaker services	50	27
Mental health services	48	26
Escort services	42	23
Clothing	39	21
Employment services	39	21
Companionship services	36	20
Nursing home services	35	19
Cash assistance	34	19
Welfare payments	27	15
Consumer services	26	14
Legal services	26	14
Dental services	23	13
Day and/or temporary care	23	13
Social security	18	10
Educational services	9	5
Senior citizens' advocacy services	8	5
Tax services	4	2
Protective services	4	2
Other	17	9

TABLE 8-4

INFORMATION ON USERS FURNISHED TO PROVIDERS BY I&Rs
(N=183)

Type of Information	Providers Receiving Information	
	#	%
Name	124	68
Information about the need or problem	116	63
Address	114	62
Telephone number	102	56
Age	94	51
Personal information, e.g., marital status, financial status, health status	87	48
Race, sex, ethnic group	54	30
Did not receive any information	51	28
Don't know	2	1
Other	5	3

To determine if there were any differences in the approaches used by Other I&Rs, they were also asked what they would do if they could not identify a resource for an older person. In addition, by posing this question to Other I&Rs, it could be determined if they perceived the subject I&R to be an appropriate source of information and/or referrals. Table 8-5 provides a comparison of the activities conducted by designated and Other I&Rs in difficult cases. It is noted that Other I&Rs were significantly more likely to call the subject I&R than vice versa.

About 75 percent of both the Providers and Other I&Rs indicated that at some time they had called the subject I&Rs for information or referrals for their own clients. Almost all of these felt the subject I&Rs had been helpful on these occasions (98 percent of the Providers and 95 percent of the Other I&Rs).

TABLE 8-5

COMPARISON OF ACTIVITIES CONDUCTED WHEN I&Rs CANNOT IDENTIFY APPROPRIATE RESOURCES FOR OLDER PERSONS
(Subject vs. Other I&Rs)

Activities	Subject I&Rs (N=62)		Other I&Rs (N=68)	
	#	%	#	%
Call Providers which handle similar or related problems to ask if they can help	21	34	18	26
Has never occurred	17	27	18	26
Refer caller to a Provider which might be able to help	9	15	9	13
Tell caller you cannot assist with information or referral	9	15	8	12
Provide the service whenever possible	9	15	8	12
Call another I&R to see if they can suggest resources	7	11	6	9
Attempt to persuade Providers to help	6	10	4	6
Try to develop needed service	6	10	1	1
Contact State or Area Agency, other individual or organization for assistance	5	8	4	6
Keep trying until resource found	4	6	7	10
Refer caller to Other/subject I&R	2	3	17	25
Call another I&R to ask if they will take over and handle the problem	-	-	2	3
Other	1	2	3	4

CHAPTER 9

PUBLICITY AND OUTREACH

This program element has two interrelated facets--publicity and outreach--which are often used as interchangeable terms in relation to I&R. For purposes of this study, specific definitions were developed in order to clarify the distinctions between the two:

> Publicity is the advertisement or dissemination of information regarding the availability of I&R services and how to make use of them. Information on I&R services for the elderly should be directed toward the public at-large or through organizations which typically serve older persons.
>
> Outreach is contacting people in their homes in an effort to apprise them of the nature and availability of services and to help them use the services. This form of outreach is called casefinding.

It is important to make clear the differences because publicity is required and outreach, as defined here, is recommended. AoA guidelines are:

Minimum Requirements

1. Publicizing the availability of information and referral services for older people through such devices as newspaper stories and advertisements and radio and television announcements which identify the service and give information about how to make use of it
2. Making the availability of information and referral services known by means of announcements transmitted through civic, labor, religious, and business organizations, organizations of older people, and agencies serving older people

3. Displaying posters announcing the availability of an information and referral service in public buildings, business places, senior centers, nutrition project sites, and in other places where they will be seen by older people

4. Distributing cards and/or gummed stickers to older people for attachment to telephone instruments bearing the address and telephone number of an information and referral service

Long-Range Goals

5. Make house-to-house visits and telephone calls, under direction of State and Area Agencies on Aging, to identify and reach out to older people--particularly the isolated and impaired--and to apprise them of the nature and availability of I&R services.

CONCLUSIONS

Although the I&Rs claimed to be widely publicizing their services to the target population, publicity is an area which repeatedly was cited as inadequate by all respondent groups. Likewise, outreach was reported by all respondent groups as an area of deficiency which needed substantial improvement. This was especially true in rural areas where there was a large geographic area to cover. The following conclusions resulted from data collected:

- All of the I&Rs used several media to advertise their services; newspaper, radio, personal contacts and giving speeches were the most popular methods.
- Sixty of the 62 (97 percent) I&Rs provided publicity information to various types of organizations in their areas.
- Forty-eight (77 percent) of the I&Rs used posters to make announcements about services for older people.

- Only 27 of the 62 I&Rs (44 percent) distributed telephone cards or stickers to older persons.
- Outreach and casefinding services were provided by 41 I&Rs (66 percent).

FINDINGS RELATED TO REQUIREMENTS AND GOALS

Use of Various Publicity Devices

A variety of publicity methods were used to advertise I&R services. Most of the I&Rs employed several, relying heavily on newspapers and personal dissemination approaches, such as giving speeches and participating in workshops and seminars. Radio and television were also popular. Table 9-1 shows the publicity methods employed by I&Rs.

Analysis of these data, by elderly population category and urban/rural status of the I&R, indicated that I&Rs serving an elderly population of less than 30,000 and those in rural areas were less frequent users of most of the media and methods to publicize services than their larger and urban counterparts.

State and Area Agencies were knowledgeable about the I&Rs' publicity activities and the techniques used to advertise services for older persons. The majority (78 percent) of Provider agencies in the sample claimed to be aware of or to have seen material publicizing the I&Rs services for the elderly.

TABLE 9-1

MEDIA AND MEASURES USED TO PUBLICIZE I&R SERVICES BY ELDERLY POPULATION CATEGORY AND URBAN/RURAL STATUS

Media Method	Population Category						Rural/Urban Status				Total	
	Less than 30,000 (N=27)		30,000-99,999 (N=22)		100,000 or Greater (N=13)		Urban (N-29)		Rural (N=33)		(N=62)	
	#	%	#	%	#	%	#	%	#	%	#	%
Newspaper stories	26	96	22	100	12	92	28	97	32	97	60	97
Personal contacts with individuals and/or organizations	26	96	20	91	13	100	27	93	32	97	59	95
Speeches, participation in workshops/ seminars	24	89	21	96	13	100	29	100	29	89	58	94
Radio	24	89	20	91	13	100	26	90	31	93	57	92
Brochures/flyers	18	67	20	91	13	100	27	93	24	73	51	82
Posters	19	70	17	77	12	92	22	76	26	79	48	77
Letters to individuals and/or organizations	19	70	13	61	11	85	19	65	24	73	43	69
Telephone calls to individuals and/or organizations	18	67	14	64	10	77	19	65	23	70	42	68
Other organizations' publications	14	52	17	77	10	77	23	79	18	54	41	66
Television	12	44	14	64	11	89	21	72	16	48	37	60
Newspaper advertisements	13	48	11	50	10	77	12	41	22	68	34	55
Provider agency publications	10	37	10	46	11	85	17	59	14	42	31	50
I&R Newsletters	10	37	12	55	8	62	16	55	14	42	30	48
Telephone stickers & cards	10	37	9	41	8	62	12	41	15	46	27	44

A majority of the Users found out about the I&R through some method that could be directly or indirectly linked to I&R publicity activities. However, only 8 percent indicated they had heard about the I&R from printed publicity materials such as posters, flyers and newsletters. Twenty-five percent (25%) of the Users had been made aware of the I&Rs' services by various agencies, organizations, and service Providers. Twenty-three percent (23%) indicated they had heard about the I&R from friends and relatives. If all mass media (radio, television and newspaper) are combined, 18 percent of the Users mentioned these methods. Together, printed publicity materials and outreach workers informed 16 percent of the Users about the I&R. Table 9-2 shows how Users were made aware of I&R services.

Field personnel reviewed copies of publicity materials on file at the I&Rs. Without exception, more I&R Directors reported significantly more use of media and methods than were substantiated by observers. This does not necessarily mean that the methods were not employed as stated, but it does suggest that I&Rs are not maintaining complete files regarding their publicity activities.

Use of Organizations to Transmit Information

Sixty of the 62 I&Rs sent publicity to several different types of organizations and agencies headed by senior citizens centers and churches and synagogues (89 percent). Table 9-3 shows [illegible] received materials.

Fifty-three (85 percent) of the State/Area Agencies assisted in the dissemination of information about the I&Rs into the community. Of those,

TABLE 9-2

HOW USERS WERE MADE AWARE OF I&R SERVICES
(N=502)

Method	Users of I&R Services	
	#	%
Providers and other local organizations	128	25
Friends/relatives	116	23
Newspaper advertisements/ stories	56	11
I&R publicity materials, i.e., posters, brochures, flyers, outreach letters, telephone stickers, cards, newsletters, etc.	39	8
Outreach workers	38	8
Television and radio	34	7
Telephone book or information	11	2
Other	17	3
Don't know/can't remember/no response	63	13

TABLE 9-3

TYPES OF ORGANIZATIONS RECEIVING PUBLICITY MATERIALS AND INFORMATION FROM I&R SERVICES

(N=62)

Types of Organizations	I&R Services	
	#	%
Senior citizens centers and organizations	57	92
Churches and/or synagogues	55	89
Welfare offices	51	82
Social security offices	50	81
Civic groups	49	79
Senior nutrition projects	48	77
Senior citizens housing projects	47	76
Other agencies providing services for older people	46	74
Nursing homes	44	71
Doctors/hospitals	41	66
Businesses	40	65
Labor unions	16	26
No materials provided to organizations	2	32

74 percent were actively involved in utilizing media and other means to publicize I&R activities. Other popular activities included disseminating information through meetings and hearings, publishing newsletters and giving speeches. Some were involved through training sessions and programs for senior citizens; others developed materials for use by the I&R in publicizing its services. No differences were noted among State/Area Agencies which operated the I&R and those which had designated outside agencies.

Use of Posters and Telephone Cards/Stickers To Announce Services

Seventy-seven percent (77%) of the I&Rs used posters in their publicity programs. Telephone cards and stickers were the least used methods of advertising services to older people, compared to the other publicity methods. (Refer back to Table 9-1).

Provision of Outreach Services to Older People

Forty-one (66 percent) of the I&Rs provided outreach and casefinding services. A combination of staffing patterns was generally employed by the I&Rs in the provision of these services. Regular, full-time staff were used in outreach activities by 42 percent of the I&Rs, while 29 percent used volunteers and 27 percent used part-time staff.

Of the I&Rs engaged in direct outreach or casefinding, 80 percent utilized referrals from Providers, callers and Other I&R services to identify persons in need of outreach. Door-to-door canvassing was done by 29 percent and 19 percent conducted outreach through churches, senior citizens' groups and other community organizations.

Most I&Rs (82 percent) felt direct outreach or casefinding was a good way to identify older people in need of services:

- Thirty-one percent (31%) said people with problems could be located and helped.
- Twenty-nine percent (29%) said that many older people were not aware of services available.
- Twenty-three percent (23%) said that when outreach workers entered homes, they could see additional problems about which the older person may not have requested assistance.

Those who did not feel outreach was effective indicated that publicizing services through the media is the best way to reach the elderly. Direct outreach was often not considered feasible due to the I&R's funding level, its geographically dispersed service area, or size of the elderly population it serves.

SUPPLEMENTARY INFORMATION CONCERNING PUBLICITY AND OUTREACH

No supplementary data was collected regarding this element.

CHAPTER 10

RECORDS AND REPORTS

A number of areas were examined regarding the recordkeeping procedures and reporting practices of the I&Rs under study. Of concern here were (1) the preparation and maintenance of records about the I&R and the various types of services provided to older persons and (2) the collection of supplementary data which would assist in the planning processes carried out both by the I&Rs and the State/Area Agencies. AoA guidelines for records and reports are:

Minimum Requirements

1. Maintain records and make reports in such a manner that identification of older people who use the service is not revealed or accessible to anyone other than staff members undertaking to assist them, with the understanding that the names of older persons will be stricken from the record 90 days after the initial contact.[9]
2. Record, when necessary, the nature of calls received, the agencies and organizations to which older people are directed, and the services for which they are directed.
3. Provide information about such transactions to State and/or Area Agencies on Aging as requested.

Long-Range Goals

4. Maintain records of follow-up with service Providers to determine what services were provided and whether further referrals were necessary.

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[9] Original requirement to delete names after 30 days was revised by AoA-PI-75-35 (see Appendix A).

5. Maintain records of follow-up with older persons referred to service Providers to determine what services were received, whether their needs were met, and whether they have need for additional services.

6. Maintain records of services which were needed but were not available.

7. Prepare and submit to State and Area Agencies on Aging, on a regular basis, reports on services and service agencies about which information was given or to which referrals were made, and on the results of follow-up efforts with service Providers and with persons who sought assistance.

CONCLUSIONS

Minimum requirements for records and reports were being met by nearly all of the I&Rs in the study, with the exception of confidentiality procedures. Clear progress has been made by a majority toward meeting long-range goals:

- Only one of four confidentiality procedures required by AoA was being followed by the majority of the I&Rs.[10]
- Ninety percent (90%) of the I&Rs maintained the basic information necessary to meet AoA recordkeeping requirements, particularly regarding the nature of calls received and the agencies to which Users are referred.
- Those that provided follow-up services were found to maintain records regarding the disposition of cases and the need for further action.

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[10] AoA guidelines call for (1) storage of personal information in locked files, (2) deletion of names of persons about whom information is recorded from records or files after 90 days, (3) placing an explanation in the files if the name is retained longer than 90 days, and (4) not disclosing personal information about Users without their permission.

- Fifty-six percent (56%) of I&Rs maintained records concerning services which were needed by older people but were not available.

- Most State/Area Agencies received some form of written reports from their I&Rs.

FINDINGS RELATED TO REQUIREMENTS AND GOALS

Confidentiality of Records

In an open-ended question, Directors were asked to describe the confidentiality procedures they employed. Only eight of the 62 Directors indicated that names were deleted from files within or at the end of a 90-day period; two said names were removed after 30 days. The remainder did not mention deletion of names. Six said that Users' names were not recorded at all and three destroyed the entire file after a specified interval. Three I&Rs indicated that they had no specific confidentiality procedures.

Only one response was made by a majority of the Directors--56 percent indicated that records containing names were kept in locked files. The second most often-mentioned confidentiality procedure was the "information was not given out without permission of the User" (39 percent). Third most frequently cited was that access to User files was not permitted. No significant differences were noted in responses from I&Rs in urban or rural areas nor did the number of elderly in the service area seem to affect answers.

Staff were asked if they were aware of any confidentiality requirements. Ninety-two percent (92%) said "yes." While Directors were asked an open-ended question, staff were shown a list of various confidentiality requirements and were asked what the I&R's procedures were for use and storage of personal information about Users. Table 10-1 compares responses of Directors and staff. Staff appeared to be more positive about confidentiality procedures--however, they selected answers from a list. If Directors had been asked the question in the same manner, there might have been more agreement between the two groups.

Types of Records Maintained

I&Rs are expected to keep records of information-giving and referral activities and follow-up with Users. In order to determine the types of data collected and maintained by the I&Rs relative to those requirements, the field team reviewed three types of records--the interviewing record, User follow-up record and Provider follow-up record. Most of the I&Rs maintained all three types of information on the same form.

The I&R records were compared to a list of types of information which AoA considers important in the maintenance of operational files. Basic data maintained by the I&Rs were:

- Name of caller
- Address of caller
- Telephone number of caller
- Date of call(s)
- Type of problem or need
- Agencies to which User was referred

Most I&Rs kept a wide range of information including:

- Name/address/phone of client if different from caller
- Age of client
- Personal information, e.g., race, sex, marital status, health status
- Services needed by User
- Linkages made to Providers
- If follow-up was needed

TABLE 10-1

CONFIDENTIALITY PROCEDURES--
RESPONSES OF DIRECTORS AND STAFF

Confidentiality Procedures	Directors (N=62)		Staff (N=62)	
	#	%	#	%
Records containing names are kept in locked files	35	56	37	60
Information not given out without permission of the User	24	39	43	69
Access to User files not permitted	22	35	38	62
The name of person is deleted after 90 days	6	10	7	11
Entire record destroyed when action completed/or after specified interval	6	10	7	11
Name of client not recorded	6	10	6	10
Names are coded	3	5	1	1
There are no confidentiality procedures	3	5	-	-
The name of person about whom personal information is recorded is deleted after 30 days	2	3	6	10
All personal information purged from files periodically	1	2	11	18
Data stored in computer is coded	-	-	1	1
Other	3	5	3	5

-Whether or not User contacted referral agencies
-Services received by User
-Other action taken to identify and refer User to proper resources
-Whether or not problem was resolved
-Services that do not exist

Less than half of the I&Rs recorded these items:

-Relationship of caller to client (in cases where calls were made for others)
-How client became aware of the I&R
-Agencies providing services
-Why services were not received (if applicable)

Fewer than a quarter of the I&Rs recorded method of inquiry, i.e., phone, walk-in, mail, or whether Users knew call was being made for them by another person (where applicable). The latter is an omission of some significance. In the event of a necessity to call the User back, it is important that the Staff person making the call is aware of whether the older person with the need or problem knows that inquiries have been made on his or her behalf. An example is when a family is trying to locate nursing home facilities, but has not told the older relative of this decision.

State/Area Agency Involvement in Recordkeeping

State/Area Agencies were asked if they had been involved in determining what records should be maintained by the I&Rs. Ninety-two percent (92%) of State/Area Agencies which had designated a unit of their own agency as the I&R had been involved; 69 percent of State/Area Agencies which had designated other agencies as the I&R had been involved. Most of the State/Area Agencies (66 percent) asked the I&Rs to keep operational records regarding their services and activities.

I&R Reporting Procedures

Eighty-four percent (84%) of State/Area Agencies indicated they received written reports from the I&Rs. The use of these reports varied somewhat by the type of organization as shown in Table 10-2. Reports from I&Rs which were independent organizations or units of social service agencies were much more likely to be used for evaluation, monitoring, planning and coordination than reports from units of the State and Area Agencies. Reports were used somewhat more frequently for needs assessment if the I&Rs were units of State/Area Agencies than for other sample I&Rs.

One long-range goal is the collection and reporting of information regarding follow-up activities with Users and Providers so that State/Area Agencies can use the information to plan and coordinate services for older persons. A majority (65 percent) of the State/Area Agencies indicated that they received feedback on follow-up and used these data for those purposes. However, collection and reporting of information on follow-up activities was much more prevalent among State/Area Agencies where I&R services were units of their own organization (81 percent) than for other sample I&Rs (53 percent).

Most of the State/Area Agencies (77 percent) had copies of various I&R reports on file; these reports were reviewed by study team members. In addition, copies of I&R reports on file at the site were reviewed to determine the type of information they contained. As shown in Table 10-3, reports from I&Rs which were units of State/Area Agencies more frequently focused on needs

TABLE 10-2

STATE AND AREA AGENCY UTILIZATION OF REPORTS FROM I&Rs

Use of Reports	State and Area Agencies (N=26)		Other Sample I&Rs (N=26)		Total (N=62)	
	#	%	#	%	#	%
Evaluation and monitoring	10	38	22	64	32	52
To meet reporting requirements	11	42	16	44	27	44
Planning and coordination	8	31	15	42	23	37
Identify needs and gaps in services	10	38	10	28	20	33

TABLE 10-3

TYPES OF INFORMATION IN REPORTS FROM I&Rs TO STATE/AREA AGENCIES

Types of Information	Units of State/Area Agencies (N=22)		Other Sample I&Rs (N=26)		Total (N=48)	
	#	%	#	%	#	%
Statistics on number of calls received; types of problem needs	21	95	26	100	47	98
Information on elderly shown separately	21	95	21	81	42	89
Descriptions of I&R activities and procedures; other narrative information about I&R services	15	68	18	69	33	69
Information on general needs and/or problems of the elderly	16	73	14	54	30	63
Information on follow-up with Users of the I&R services	11	50	16	62	27	56
Data on Provider agencies, i.e., referrals made, services provided, follow-up	13	59	14	54	27	56
Fiscal and cost data	9	41	16	62	25	52
Information on publicity activities/methods	9	41	15	58	24	50
Information on planning and/or coordination of activities	10	45	10	38	20	42
No periodic reports compiled	-	-	-	-	-	-
Other	1	5	2	8	3	6

and problems of the elderly and planning and coordination of activities than other sample I&Rs. Conversely, information which was used primarily for State/Area Agency monitoring of I&R activities was received more frequently from I&Rs which were not units of State/Area Agencies.

State/Area Agencies were asked if there were any reports they would like to receive from the I&Rs that they were not receiving at that time; 27 percent said "yes." Such reports would be primarily for planning and needs assessment purposes. Forty-one percent (41%) of the State/Area Agencies wanted information regarding the needs and problems of the elderly and 35 percent wanted data on services that were not adequate.

Providers and Other I&Rs were asked if they received any written reports from the I&Rs; about three fourths of each group said "no." Of the 183 Providers, only 37 indicated that they received any type of report. Most frequently cited were operational reports about the I&R services provided. Providers used these reports primarily for information purposes; Other I&Rs used the reports for planning and needs assessment.

CHAPTER 11

FOLLOW-UP

This element includes follow-up with both Users and Providers in efforts to determine if services are being received by Users, and if not, to obtain an explanation as to why services were not rendered. There are no minimum requirements for follow-up services; the long-range goals are:

1. Calls are made to all or a sample of agencies and organizations to which older people have been referred to determine whether or not they kept their appointments, received the service(s) needed, and required further referral for additional service(s).
2. Calls are made to all or a sample of older persons referred to service agencies or organizations to determine whether they established linkage, whether they received the required assistance, and whether the service provided was useful.
3. When linkage was not effected or when a service was not provided, effort is made to determine the reason for failure.

CONCLUSIONS

AoA long-range goals for follow-up activities are, for the most part, already being met. In many cases, I&Rs have far exceeded the guidelines by making an effort to develop resources where none existed in order to meet special or unique needs of older persons. Progress toward these goals has been as follows:

- Eighty-six percent (86%) of the I&Rs conducted follow-up with Providers to determine the results of referrals.

- Ninety-five percent (95%) of the I&Rs conducted follow-up with Users to determine results of I&R services provided.
- Nearly 90 percent of the I&Rs renewed efforts to locate appropriate resources when follow-up activities indicated a linkage was not made or a client did not receive services.
- Seventy-four percent (74%) of the I&Rs worked with Provider agencies to identify deficiencies or gaps in services as the result of follow-up activities.

FINDINGS RELATED TO LONG-RANGE GOALS

Follow-Up Activities With Providers

Eighty-six percent (86%) of the I&Rs conducted follow-up with Provider agencies, but only 10 percent conducted follow-up on all referrals. More than half of the I&Rs (55 percent) indicated that they conducted follow-up with Providers only for certain types of needs and problems such as emergency situations or when there was a question regarding availability of services. Nearly half (45 percent) conducted Provider follow-up when they discovered that a User had not received services and 42 percent when a complaint was received from a User. Table 11-1 shows follow-up activities with Providers. No variation was noted by elderly population category.

TABLE 11-1

FOLLOW-UP ACTIVITIES WITH PROVIDERS
(N=62)

Basis for Follow-Up	I&R Services	
	#	%
Only for certain types of problems/needs	34	55
When User does not receive services	28	45
When a complaint is received	26	42
In emergency cases	14	23
When a linkage was made	13	21
Only with certain Providers	13	21
On all referrals	6	10

Half of the staff indicated that the timeframe for follow-up with Providers varied and that there was no specified interval, although 19 percent said they conducted Provider follow-up within a week. Procedurally, 68 percent made follow-up contacts with Providers either by phone or through meetings with Provider representatives to determine if the service had been provided and to get information about disposition of the case.

Follow-Up Activities With Users

Ninety-five percent (95%) of the I&Rs conducted follow-up with Users under varying circumstances; 35 percent followed up with elderly persons. As shown in Table 11-2, no major differences were reported in follow-up activities in age-integrated and age-segregated I&Rs. The one exception was the somewhat more frequent use of reports from Providers among age-segregated I&Rs as the basis for follow-up.

TABLE 11-2

I&R FOLLOW-UP ACTIVITIES WITH USERS
(AGE-SEGREGATED VS. AGE-INTEGRATED)

Basis for Follow-Up	Age-Integrated (N=27)		Age-Segregated (N=35)		Total (N=62)	
	#	%	#	%	#	%
Only on referrals for certain types of problems/needs	16	59	22	63	38	61
When Provider to which referral was made reports that User did not make contact or keep appointment	10	37	19	54	29	47
With older people	9	33	13	37	22	35
When a linkage was made	8	30	12	34	20	32
In emergency cases	9	33	11	31	20	32
On all referrals	7	26	7	20	14	22
On all calls	4	15	6	17	10	16

In terms of follow-up methods, 81 percent said a call was made to the User to see if appointments were kept and/or if services had been received by the referred person. User follow-up was most often provided within one week after a referral was made (31 percent) with 26 percent saying monthly follow-up was conducted. A number of the staff (29 percent) indicated that the interval between the referral and the follow-up depended upon the type of problem or the service needed.

Follow-Up Actions Taken

Most I&R Directors (89 percent) stated that when a linkage was not made or when a client did not receive services, a renewed effort was launched to locate appropriate resources. They indicated that they work with Provider agencies when they can identify deficiencies or gaps in services which the I&R feels it can help correct (74 percent). I&Rs also served as advocates among Providers and other resources (agencies, organizations, and individuals) on behalf of older persons with special or unique problems.

As shown in Table 11-3, Directors of age-segregated I&Rs reported more frequently that actions were taken as a result of follow-up activities. This was true for each type of action considered. Directors of rural I&Rs were somewhat less inclined to take action as a result of follow-up activities.

TABLE 11-3

ACTION TAKEN AS A RESULT OF FOLLOW-UP ACTIVITIES (AGE-INTEGRATED VS. AGE-SEGREGATED)

Action Taken	Age Integrated (N=27)		Age Segregated (N=35)		Total (N=62)	
	#	%	#	%	#	%
Renewed attempts to locate resources	23	85	32	91	55	89
Worked with Providers to correct deficiencies	18	67	28	80	46	74
Emphasized advocacy	15	56	28	80	43	69
Increased emphasis on planning	18	67	24	69	42	68
Provided information to planning and service agencies	14	52	21	60	35	57
No activities	3	11	2	6	5	8

Staff were asked what they would do if follow-up indicated that a User had not received services and his or her problem still existed. The majority (69 percent) said they would try to determine from the Providers to which the person had been referred why services had not been received. More than half (53 percent) said they would try to determine from the User why they had not received services. Others (47 percent) said they would try to identify additional resources, while 24 percent said they would try to eliminate barriers to Users receiving services. Only one said there was nothing the I&R could do.

SUPPLEMENTARY INFORMATION REGARDING FOLLOW-UP

Files at the I&R were reviewed to determine if there was written material which described follow-up procedures for Users and Providers. Only slightly more than half of the I&Rs (56 percent) had written documentation on the procedures to be followed in providing these services. Twenty-one percent (21%) of those that did have information said that follow-up was conducted at some specified interval. There was evidence in the files of these I&Rs that follow-up was, in fact, conducted in accordance with the procedures; most of them also conducted follow-up in all specified cases.

CHAPTER 12

TRANSPORTATION AND ESCORTS

AoA has included in its guidelines a long-range goal for I&Rs to arrange for and/or provide transportation and escort services for older persons they refer to other agencies for assistance. There are no minimum requirements; the two recommended components are:

1. Transports or arranges for the transportation of older persons who are limited in mobility, who lack access to public transportation or who are unable to pay transportation costs
2. Escorts or arranges for escort of older persons who require such assistance in obtaining services from Provider agencies

CONCLUSIONS

I&Rs have made significant progress toward meeting recommended, long-range transportation and escort service goals:

- Fifty-nine of the 62 I&Rs were involved in providing or arranging transportation services.
- Forty-six of the 62 I&Rs provided or arranged for escort services as needed.

However, lack of adequate transportation and/or escort services was identified as a serious barrier to receipt of services by older people. Staff respondents in four out of five I&Rs indicated that existing transportation services did not meet the needs of the elderly.

Almost all State/Area Agencies (90 percent) were involved in assisting the I&Rs in the identification of areawide transportation services. About 70 percent of the I&Rs were involved in various activities to improve these services.

FINDINGS RELATED TO REQUIREMENTS AND GOALS

Providing or Arranging Transportation Services

Almost all of the I&Rs were involved in some way in the provision or arrangement of transportation services for the elderly. As shown in Table 12-1, about 40 percent directly provided transportation and 65 percent made linkages to existing transportation services. The emphasis in rural areas was more frequently directed toward providing transportation services, whereas in urban areas, the focus was on making linkages with existing services. I&Rs which were units of State/Area Agencies were less likely than other sample I&Rs to directly provide transportation or to contract for transportation services.

Providing or Arranging Escort Services

There were no escort services available at 26 percent of the sites, but 60 percent said they could provide or arrange for one-to-one escorts and 47 percent could provide escorts for groups of older persons needing assistance. Table 12-2 shows ways in which I&Rs handled escort services.

SUPPLEMENTARY INFORMATION CONCERNING TRANSPORTATION AND ESCORTS

Status of Transportation Services

The status of transportation services in the target areas which the I&Rs serve is an important element in the analysis. Thus, several questions were addressed during interviews with I&R staff to determine the extent of existing transportation services and the ability of those services to meet the needs of the elderly.

TABLE 12-1

I&R INVOLVEMENT IN PROVIDING OR ARRANGING TRANSPORTATION SERVICES BY GEOGRAPHIC STATUS AND TYPE OF I&R

Type of Involvement	Geographic Status				Type of I&R				Total	
	Urban (N=29)		Rural (N=33)		Units of State/Area Agencies (N=26)		Other Sample I&Rs (N=36)		(N=62)	
	#	%	#	%	#	%	#	%	#	%
Makes linkages to an existing transportation service	23	79	17	52	16	62	24	67	40	65
Utilizes volunteers to provide transportation services	12	41	21	64	33	53	10	38	33	53
Directly provides transportation	8	28	16	49	9	35	15	42	24	39
Formally contracts with another organization to provide transportation services	6	21	8	24	5	19	9	25	14	22
The I&R is not involved in providing or arranging transportation services	2	7	1	3	2	7	1	3	3	5

TABLE 12-2

I&R METHODS FOR PROVIDING OR ARRANGING ESCORT SERVICES
(N=62)

Method	I&R Services	
	#	%
Utilized volunteers	37	60
Made linkages to existing escort services	24	39
Directly provided escorts	18	29
Not involved in providing or arranging escort services	13	21
Formally contracted for escort services	7	11

Availability of Transportation Services

Staff were asked about all transportation services available in the area served by the I&R. Sixty percent (60%) of the areas had regular bus services and 50 percent had some system of reduced fares for the elderly. In 61 percent of the areas, there was some type of special bus service such as minibus or dial-a-ride service. Six percent (6%) of the I&R staff said there were no transportation services of any kind in their area. As shown in Table 12-3, significant differences were reported for I&Rs serving urban and rural areas for regular transportation services. However, special services for the elderly were available almost as frequently in rural areas as in urban areas.

TABLE 12-3

AVAILABILITY OF TRANSPORTATION SERVICES IN RURAL AND URBAN AREAS

Transportation Services Available	Urban (N=29)		Rural (N=33)		Total (N=62)	
	#	%	#	%	#	%
Special bus services for the elderly	17	59	21	64	38	61
Regular public bus service	24	83	13	39	37	60
Special bus services only for the handicapped	18	62	14	42	32	52
Reduced public bus fares for the elderly	22	76	9	27	31	50
Special taxi services/fares for the elderly	9	37	8	24	17	27
There are no transportation services in the area	2	7	2	6	4	7

Restrictions on Transportation Services

In some areas there were certain restrictions on use of existing transportation services by elderly persons. At 44 percent of the sites, special services for the elderly had a minimum age limit that was higher than 60, while 24 percent said there were some services that were available only to older persons who were mentally or physically impaired. Some services in 21 percent of the areas had various income eligibility requirements. As shown in Table 12-4, staff in urban I&Rs reported somewhat more frequently all forms of restriction on transportation services for the elderly than did I&Rs in rural areas.

TABLE 12-4

RESTRICTIONS ON TRANSPORTATION SERVICES FOR THE ELDERLY BY URBAN/RURAL STATUS

Restrictions	Urban (N=29)		Rural (N=33)		Total (N=62)	
	#	%	#	%	#	%
A minimum age limit higher than 60	16	55	11	33	27	44
No restrictions on services to the elderly	7	24	13	39	20	32
Available only to the mentally or physically impaired	9	31	6	18	15	24
Available only to individuals who meet income eligibility requirements	7	24	6	18	13	21
Available only to persons to whom public transportation is not accessible	5	17	2	6	7	11

Limitations of Transportation Services

Staff were asked their opinions regarding whether existing transportation services in the area met the needs of older persons. Most staff (82 percent) felt they did not adequately meet these needs. A majority (60 percent) indicated that more services were needed and/or that there was a gap in existing services. Some staff indicated that services were available in some parts of their areas and not available in other parts. Others said that, although there were existing services, they were inadequate to serve the elderly population. Table 12-5 shows responses to this question.

TABLE 12-5

STAFF's REASONS WHY EXISTING TRANSPORTATION SERVICES DO NOT MEET NEEDS OF ELDERLY

(N=62)

Reasons	Staff	
	#	%
More services needed/there are gaps in services	40	65
Only part of area is served by existing transportation	13	21
There are not enough vehicles to provide services to elderly	9	15
Transportation staff is insufficient/volunteers needed	7	11
Usage restrictions, e.g., only for high-priority trips, income limits, limit on number of times services can be used, etc.	6	10
Funds are limited/insufficient to develop, provide or improve transportation services for elderly	5	8
Special buses/equipment needed for handicapped/elderly persons	5	8
Other	3	5

I&R Efforts to Improve Transportation Services

Staff were asked if the I&R was doing anything to improve transportation services. Almost three-fourths (71 percent) said the I&R was engaged in activities to help improve transportation services for the elderly. Of these, 89 percent said they were working alone or with Providers and others to increase or improve services and equipment; 59 percent were identifying gaps in services and providing this information to Providers and planning agencies.

CHAPTER 13

PLANNING

Planning was defined for purposes of this study as:

> Community planning activities for the identification of needs, gaps in services and the development and improvement of services to older persons.

Indicators of whether State/Area Agencies and I&Rs are involved in planning activities are:

- Whether the State/Area Agency encourages or initiates planning for the purpose of developing and providing information and referral services
- Whether the I&R is engaged in planning for information and referral activities
- Whether the I&R maintains operational data which can be used in planning
- Whether the I&R participates in local, areawide and/or state-level planning for information and referral services

CONCLUSIONS

A majority of State/Area Agencies and I&Rs are carrying out a wide variety of planning efforts, particularly regarding the need to develop or expand both I&R services and other services to older persons. This planning covers a broad spectrum of agencies and organizations that are part of the overall service delivery system.

- Eighty-two percent (82%) of the I&Rs had plans to change, expand or improve I&R services within the next year.
- Sixty-five percent (65%) of the State/Area Agencies indicated they had long- or short-range plans that would affect the sample I&Rs.
- Ninety percent (90%) of the I&R Directors maintained operational data on services rendered, needs and problems of Users and outcomes of service delivery which could be used for planning purposes.
- Ninety-four percent (94%) of the 62 I&Rs engaged in joint efforts with other agencies to plan for I&R services on a local, area-wide or state-wide basis.

FINDINGS RELATED TO PLANNING ACTIVITIES

I&R Plans for the Development and Provision of Services

Eighty-two percent (82%) of the Directors had plans to change, expand or improve I&R services within the next year; however, no single type of change was envisioned by a majority. The most fraqently mentioned plan was to develop, improve or expand the publicity/outreach program. Second most often cited was to improve the delivery of I&R by expanding or improving operational systems or procedures. Table 13-1 shows the types of improvements planned by the Directors.

State/Area Agency Involvement in Planning I&R

A majority of State/Area Agencies (65 percent) indicated that they had some long- or short-range plans that would affect the subject I&Rs:

- Almost half (45 percent) had plans to upgrade or expand I&R services and/or staff. Sixteen percent (16%) wanted to improve the coordination of comprehensive services for older persons.
- Eleven percent (11%) wanted to centralize I&R within their areas. A small percentage (5 percent) hoped to expand to a state-wide system of I&R services.

TABLE 13-1

PLANS TO CHANGE, EXPAND OR IMPROVE I&R SERVICES
(N=62)

Planned Activities	I&R Services	
	#	%
Develop, improve or expand the outreach/publicity program	17	27
Improve delivery of I&R by expanding procedures	16	26
Increase size of staff	13	21
Develop or increase direct non-I&R services	10	16
Improve or expand resource file	10	16
Increase staff training/improve skills	6	10
Get other agencies to become responsible for I&R	4	6
Obtain larger quarters/better facilities	4	6
Open satellite centers	2	3
Other	7	11

Most of the State/Area Agencies (87 percent) planned to continue be designate the subject I&Rs to meet AoA requirements for the elderly in their areas. Most would continue to designate the I&R because they felt it was doing an acceptable, efficient job and the I&R was adequately meeting requirements. Plans to discontinue the I&R as a designee (8 percent) were based upon criticisms that those I&Rs were not providing comprehensive services and not meeting AoA requirements.

Only 17 of the 40 State/Area Agencies with long- and short-range plans for I&R had a written timetable or schedule specifying when such plans would be implemented. An examination of these documents showed that within one calendar year:

- Sixty-nine percent (69%) planned to expand, alter or improve operation of I&Rs.
- About a quarter (23 percent) had plans to coordinate services with Providers and other agencies.
- Eight percent (8%) were planning to conduct an assessment or evaluation of the I&R service.

Use of Operational Data for Planning

A majority of I&R Directors indicated that the operational data they collected permitted them to identify services that do not exist, barriers to receiving services by Users, services that need expansion, services that do not meet Users needs, and barriers to giving services by Providers. They used these data in community-wide planning for I&R and to plan for coordination and/or cooperation with other agencies. Only 6 percent said they had not conducted any planning activities.

A majority of the I&Rs (86 percent) said this data was shared with other agencies and organizations involved in planning services for the elderly. Most often, operational data were shared with the Area Agency on Aging. (See Table 13-2.)

TABLE 13-2

AGENCIES/ORGANIZATIONS RECEIVING I&R OPERATIONAL DATA, BY TYPE OF AGENCY

Agencies/Organizations	Unit of State/Area Agencies (N=26)		Other Sample I&Rs (N=36)		Total (N=62)	
	#	%	#	%	#	%
Area Agency on Aging	19	73	28	78	47	76
City or local Planning Groups	16	62	28	78	44	71
Other Area-Wide Planning	14	54	21	58	35	56
State Agency on Aging	16	62	18	50	34	55
Provider Agencies	13	50	19	53	32	52
State Title XX Agency	11	43	16	44	27	44
Other Comprehensive I&Rs	8	31	12	33	20	32
Federal Executive Board	3	12	4	11	7	11

As shown by the table, there was little difference between units of State/Area Agencies and Other I&Rs in the sample relative to which types of agencies received operational data. The two exceptions were with city/local planning groups and State Agencies on Aging. With the latter, units of State/Area Agencies were more likely to provide such data than other sample I&Rs.

Thirty-nine (63 percent) of the State/Area Agencies initiated or encouraged joint planning efforts between the designated I&Rs, Other I&Rs and Provider agencies. There was also encouragement of active participation on councils and boards between I&Rs and Providers. No significant variations were noted among I&Rs which were units of State/Area Agencies and I&Rs which were not.

More than half of the State/Area Agencies were aware of formal and informal cooperative planning efforts currently being conducted among the designated I&Rs, Provider agencies and Other I&R services. Most of these efforts involved planning for the development and delivery of comprehensive services to the elderly and/or to establish, expand, improve or coordinate I&R services to older people.

Participation by I&Rs in State and Area-Wide Planning

The tabulations also showed that I&Rs tended to plan regardless of whether they were encouraged to do so by the State/Area Agency. Of the 23 State/Area Agencies that did not initiate or encourage planning, 21 of their designated I&Rs cited planning efforts with other agencies. (See Table 13-3.)

TABLE 13-3

I&R PLANNING ARRANGEMENTS
(N=62)

Planning Activities	State/Area Agency Encourages or Initiates Planning		
	Yes	No	Total
I&R plans with other agencies	38	21	59
I&R does not plan with other agencies	1	2	3
Total	39	23	62

Most joint planning by I&Rs was conducted with Area Agencies on Aging and/or Provider agencies. The primary purpose was "to improve I&R services," which was cited in connection with planning among all types of agencies. Table 13-4 shows the agencies and organizations jointly participating in planning with the I&Rs and Table 13-5 shows the purposes for which joint planning was undertaken.

As could be anticipated, I&Rs which were units of State/Area Agencies more frequently engaged in joint planning activities with Area Agencies (81 percent) and State Agencies (58 percent) than other sample I&Rs. However, overall there was no evidence of significant differences between these two types of I&Rs with respect to joint planning activities with other agencies/ organizations.

I&Rs were not carefully documenting their planning activities, either on their own or in cooperation with others. Observers were only able to document a portion of the activities being claimed by the I&Rs due to a lack of written information about planning efforts. No materials were found at 29 percent of the sites.

Site-by-site cross-tabulations were developed for responses among the several respondent groups--Directors, State/Area Agencies, Providers and Other I&Rs--that related to the complex issue of joint planning activities. The primary purpose of this exercise was to verify the type and extent of planning efforts being carried out within the target areas of this study.

TABLE 13-4

FREQUENCY WITH WHICH AGENCIES/ORGANIZATIONS WERE ENGAGED IN JOINT PLANNING WITH I&Rs

(N=62)

Agencies/Organizations	I&R Services	
	#	%
Area Agency on Aging	47	76
Provider Agencies	37	60
State Agency on Aging	30	48
City/Local Planning Groups	29	47
Other Area-Wide Planning Groups	25	40
Other Comprehensive I&Rs	22	35
State Title XX Agency	19	31
No Joint Planning Activities	3	5
Other	2	3
Don't Know	1	2

TABLE 13-5

PURPOSES FOR JOINT PLANNING

(N=62)

Purpose	Times Mentioned
Improve I&R services or delivery of I&R services	84*
Coordination of delivery of services to older people	41
Develop or set up services/programs for elderly	21
Information-sharing/mutual problem-solving/policy development	17
Improve Providers' services or delivery of services to older people	14
General planning	12
Needs assessment for elderly services	9
Staff training	8
Other	8

* Purposes were mentioned more than once by the same I&R Director.

The data showed that there was a high correlation among the responses of the different respondent groups, indicating that substantial planning activity was being carried out. Sixty percent (60%) of the I&Rs indicated that they were involved in planning efforts with Provider agencies; responses from Providers at each site supported this. This was also true for planning with Other I&Rs.

SUPPLEMENTARY INFORMATION CONCERNING PLANNING

No supplementary data was collected relative to this aspect of I&R.

CHAPTER 14

COORDINATION

Coordination was defined for the purposes of this study as working together to implement common goals and objectives and, where feasible, eliminating duplication of services. There is one issue of concern here--whether the I&Rs coordinate with Other I&Rs, Provider Agencies, and State/Area Agencies on Aging for the delivery of I&R services to older persons.

CONCLUSION

Ninety percent (90%) of the sample I&Rs were conducting coordination efforts with Other I&Rs and Provider agencies which had their own I&R units. Other I&Rs were interviewed at 43 (70 percent) of the sites visited. In addition, 50 of the Providers interviewed (30 percent) had separate I&R units.

FINDINGS RELATED TO COORDINATION

Initiation or Encouragement of Coordination by State/Area Agencies

Most State/Area Agencies (69 percent) said they either initiated or encouraged coordination of information and referral services between the designated I&Rs. Table 14-1 shows how State/Area Agencies encouraged coordination between I&Rs.

Eighty-two percent (82%) of the State/Area Agencies indicated they were involved in the coordination of services for older persons between I&Rs and Providers. Their major activities were attending joint meetings between

TABLE 14-1

HOW STATE/AREA AGENCIES ENCOURAGE COORDINATION BETWEEN DESIGNATED I&Rs AND OTHER I&Rs
(N=62)

Coordination Activities	State/Area Agencies	
	#	%
Coordinates information and referral services among I&Rs	18	29
Encourages or conducts joint meetings and conferences	14	23
Coordinates with Provider agencies that provide I&R services	8	13
Develops interagency agreements for I&R	5	8
Conducts area-wide training sessions	4	6
Develops and distributes services directory to all I&Rs in the region	3	5

the I&R and Providers and encouraging information sharing. Table 14-2 provides State/Area Agency responses concerning how such coordination is initiated or encouraged with Provider agencies.

Formal and Informal Coordination Between I&Rs and Other Agencies

Of the 62 State/Area Agencies, 57 (92 percent) indicated that they either encouraged or initiated coordination of information and referral services between the designated I&Rs, Other I&Rs and Provider agencies. This was corroborated by 51 I&Rs (89 percent). Among the five State/Area Agencies which did not encourage or initiate coordination, their designated I&Rs all reported coordination activities with other agencies. Similar supportive statements were made by Providers and Other I&Rs. Ninety percent (90%) of all I&Rs reported that they coordinated with other agencies, with or without the encouragement of the State/Area Agencies.

As with planning efforts, I&Rs did not keep many records of their coordination activities.

Eighty-two percent (82%) of the I&Rs had formal or informal agreements with other agencies and organizations to provide information and referral services. This was supported by responses from Providers. Agreements were for:

- Transportation services (55 percent)
- Outreach/casefinding (52 percent)
- Follow-up (44 percent)
- Publicity services (39 percent)
- Escort services (34 percent)

TABLE 14-2

HOW STATE/AREA AGENCIES ENCOURAGE COORDINATION BETWEEN I&Rs AND PROVIDERS

(N=62)

Coordination Activities	State/Area Agencies	
	#	%
Participates in/encourages joint meetings	17	27
Encourages information sharing among Providers and between Providers and I&Rs	17	27
Contracts, subcontracts or has formal agreements with Providers	8	13
Initiates/encourages program planning and development	6	10
Develops a multi-agency coordination system	6	10
Establishes informal relationships with Providers	3	5
Plans coordination activities, but has not implemented	3	5
Plans joint training sessions	2	3
Other	5	8

Most agreements between I&Rs and Providers were informal agreements; only 3 percent said they had a formal or contractual agreement.

The I&R Directors were asked if they had any formal or informal agreements to coordinate I&R services; 47 percent said "yes." Most reported relationships with social service and other Provider agencies (44 percent) and with local government entities (24 percent).

Of the 50 Providers that had an I&R unit, 64 percent said they coordinated with the designated I&R. Fifty percent (50%) coordinated on the delivery of services and 34 percent shared information with the designated I&R.

Other I&Rs were also asked if they had any ongoing relationships or agreements with the designated I&R relative to the provision of information and referral services. Nearly half (49 percent) said they did. Seventy percent (70%) had agreements regarding the coordination of I&R services, while only 36 percent had agreements relating to delivery of I&R services. Twenty percent (20%) were involved in developing or updating a resource file as part of an agreement with the designated I&Rs.

CHAPTER 15

FUNDING AND COSTS

Funding and costs have been included in this study in order to determine the relationship between the level of funding and the level of services being provided by I&Rs. Key issues addressed were:

- Sources of funding
- Level of funding
- Cost per inquiry
- Cost in relation to size of elderly population served

Funding data were obtained from I&R Directors and State/Area Agencies to identify the amount and sources of funding. Data were obtained regarding the I&Rs' budgets for two fiscal years.

CONCLUSIONS

While many I&Rs claimed they needed more funding to adequately serve their target population, the data showed that available funding is being used very productively to provide a wide range of I&R services. The cost per inquiry is usually within a moderate range, given the level of services. This is important in view of the rather widely held perception among respondents that I&Rs could serve more people if access and awareness were improved. Conclusions related to funding and costs are:

- State/Area Agencies contribute a larger percentage of funds to more I&Rs than other types of contributors.
- The mean level of funding for I&Rs for the current 12-month fiscal period was about $41,000; the median about $25,000. This represented a slight drop in total funding from the preceding 12-month period.

- The mean cost per inquiry for 46 of the 62 I&Rs was $4.60; the median was $5.00. The distribution of cost per inquiry did not vary to any great degree among I&Rs with various characteristics.
- On the average, approximately one inquiry was received annually for every nine elderly persons in a target area.

FINDINGS RELATED TO COST AND FUNDING ISSUES

Sources of Funding

As shown in Table 15-1, I&Rs received funding from a variety of sources; most I&Rs obtained funding from more than one source. Thirty I&Rs (48 percent) received funds from Area Agencies on Aging. Local government agencies contributed to 25 I&Rs (40 percent) while State Agencies on Aging gave funds to 22 I&Rs (35 percent).

Forty-two percent (42%) of the sample I&Rs received 75 percent or more of their total funding from State and/or Area Agencies. About 27 percent received 25 to 75 percent of their I&R funding from State/Area Agencies. Eleven I&Rs (18 percent) received no funds from State/Area Agency sources. As shown in Table 15-2, units of State/Area Agencies on Aging relied significantly on funding from their parent organizations. Forty-six percent (46%) of I&Rs which were units of State and Area Agencies received 75 percent or more of their total funds from State/Area Agencies and an additional 38 percent received 25 to 74 percent of their total funds from these sources. Other sample I&Rs also received significant contributions from State and Area Agencies.

Level of Funding

Data on annual levels of funding was provided by 50 I&Rs. For the current 12-month period, the mean level of funding was $40,900; the median

TABLE 15-1

SOURCES OF FUNDING BY TYPE OF I&R

Sources of Funding	Units of State/Area Agencies (N=26)		Other Sample I&Rs (N=36)		Total (N=62)	
	#	%	#	%	#	%
Area Agency on Aging	15	57	15	41	30	48
Local Government	10	38	15	41	25	40
State Agency on Aging	9	35	13	36	22	35
Private Resources, i.e., Charitable Organizations	5	19	8	22	13	21
Private Parent Organization	4	15	7	19	11	18
Title XX Agency	2	8	6	17	8	16
CETA/VISTA	3	12	-	-	3	5
Don't Know	1	4	3	8	4	6
No Funding	-	-	1	3	1	2
Other	-	-	1	3	1	2

TABLE 15-2

PERCENT OF STATE/AREA AGENCY CONTRIBUTION TO CURRENT YEAR FUNDING

State/Area Agency Contributions as a Percent of Total Funding	Units of State/Area Agencies (N=26)		Other Sample I&Rs (N=36)		Total (N=62)	
	#	%	#	%	#	%
No Funding	3	12	8	22	11	18
Less than 25 Percent	-	-	4	11	4	6
25 to 74.9 Percent	10	38	7	19	17	27
75 Percent and Over	12	46	14	39	26	42
No Response	1	4	3	8	4	6
Total	26	100	36	100	62	100

was about $25,000. On the average, I&Rs had received slightly more money in the preceding 12-month period, when the mean was $41,600 and the median about $25,500.

Table 15-3 presents reported current year funding by elderly population category. It is evident that a fairly close relationship exists between the funding level and the number of elderly in the target population. For example, 17 of 20 I&Rs (63 percent) with annual funding of less than $20,000 were located in areas serving less than 30,000 elderly; nearly half (45 percent) with current funding levels of $20,000 to $50,000 were in areas with an elderly population of 30,000 to 99,999 and 54 percent with more than $50,000 in current funding in target areas with 100,000 or more elderly.

TABLE 15-3

CURRENT YEAR FUNDING OF I&Rs
BY ELDERLY POPULATION CATEGORY
(N=62)

Level of Funding	Elderly Population Category						Total	
	Less than 30,000		30,000-99,999		100,000 or Greater			
	#	%	#	%	#	%	#	%
Less than $20,000	17	63	2	9	1	8	20	32
$20,000 to $50,000	3	11	10	45	3	23	16	26
Over $50,000	1	4	6	27	7	54	14	23
No Response	6	22	4	18	2	15	12	19
Total	27	100	22	100	13	100	62	100

As could be anticipated, I&Rs in rural areas reported somewhat lower current year funding than their urban counterparts. There was no discernable difference in level of current year funding for I&Rs serving only the elderly and those serving all age groups.

Cost Per Inquiry

Using data on annual funding and current average number of inquiries per month, the average cost per inquiry was found to be approximately $4.60; the median cost per inquiry was about $5.00. The 25th percentile was $2.80 and the 75th percentile was $9.50. Six I&Rs had calculated costs per inquiry greater than $20.00; two has costs of less than $1.00 per inquiry.

Review of the cost per inquiry on an I&R-by-I&R basis provided the following rationale for these findings. Generally, the high cost per inquiry I&Rs fell into two groups. The first were small rural I&Rs with very limited funding, but with even more limited inquiries. Several I&Rs reported less than $10,000 in total I&R funding with some receiving less than 10 calls per month. The second were I&Rs serving large elderly populations with relatively large budgets but not with corresponding numbers of inquiries. Both of these categories of I&Rs were unlikely to be providing extensive transportation, escort or outreach/case finding services.

Table 15-4 presents calculated cost per inquiry by elderly population category. The distribution of cost per inquiry did not vary to any great degree among I&Rs serving small, medium and large elderly populations.

TABLE 15-4

COST PER INQUIRY BY ELDERLY POPULATION CATEGORY
(N=62)

Cost Per Inquiry	Elderly Population Category						Total	
	Less than 30,000		30,000-99,999		100,000 or Greater			
	#	%	#	%	#	%	#	%
Less than $3.00	3	11	6	27	4	31	13	21
$3.00 - $10.00	10	37	7	22	4	31	21	34
Over $10.00	4	15	5	23	3	23	12	19
Could not Determine*	10	37	4	18	2	15	16	26
Total	27	100	22	100	13	100	62	100

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* I&Rs did not provide data on both total costs and number of inquiries.

There were no significant reported differences in cost per inquiry for I&Rs serving only the elderly and those serving all ages. The structure of the I&R, with respect to being a unit of another agency or independent, also did not effect the calculated cost per inquiry. Similarly, I&Rs which were units of social service agencies or State and Area Agencies did not have a significantly different distribution of costs per inquiry. (See Table 15-5.)

As shown in Table 15-6, the cost per inquiry did not relate to the number and type of services provided to the elderly. One would anticipate that the provision of direct services, particularly outreach/casefinding and transportation services, would have a significant impact on the cost per inquiry in the respective I&Rs. However, the data do not support this hypothesis. In fact,

TABLE 15-5

COST PER INQUIRY BY TYPE OF I&R
(N=62)

Cost Per Inquiry	Unit of State/Area Agency		Other Sample I&Rs		Age-Integrated I&Rs		Age-Segregated I&Rs		Total	
	#	%	#	%	#	%	#	%	#	%
Less than $3.00	6	23.1	7	19.4	5	18.5	8	22.9	13	21.0
$3.00 - $10.00	10	38.5	11	30.6	9	33.3	12	34.3	21	33.9
Over $10.00	3	11.5	9	25.0	5	18.5	7	20.0	12	19.3
Could Not Determine	7	26.9	9	25.0	8	29.7	8	22.8	16	25.8
Total	26	100.0	36	100.0	27	100.0	35	100.0	62	100.0

TABLE 15-6

COST PER INQUIRY BY I&R SERVICES PROVIDED

Services Provided	Less than $3.00 (N=13)		$3.00 - $10.00 (N=21)		Over $10.00 (N=12)		No Response (N=16)		Total (N=62)	
	#	%	#	%	#	%	#	%	#	%
Information-Giving	13	100.0	21	100.0	12	100.0	16	100.0	62	100.0
Referral	13	100.0	21	100.0	12	100.0	16	100.0	62	100.0
Follow-Up	13	100.0	19	90.5	12	100.0	16	100.0	60	96.8
Case Advocacy	12	92.3	16	76.2	8	66.7	14	87.5	50	80.6
Outreach/Casefinding	10	76.9	16	76.2	6	50.0	9	56.3	41	66.1
Emergency Services	11	84.6	12	57.1	6	50.0	10	62.5	39	62.9
Transportation	7	53.8	13	61.9	6	50.0	11	68.8	37	59.7
Escorts	6	46.2	12	57.1	6	50.0	10	62.5	34	54.8
Case Management	10	76.9	12	57.1	3	25.0	8	50.0	33	53.2

fewer I&Rs with calculated cost per inquiry of over $10.00 provided these services than their lower cost counterparts.

Cost in Relation to Size of Elderly Population Served

I&Rs in the sample reported receiving approximately one inquiry annually from the elderly for each nine elderly persons in their target area. The mean number of inquiries per elderly person ranged from less than one inquiry annually to over 100 inquiries annually per elderly person in the target population. The 25th percentile was one inquiry annually per four elderly persons in the target area; the 75th percentile was about one inquiry annually per 30 elderly persons in the target area. The median was approximately one inquiry annually per 18 elderly persons in the target area.

Of course, many of the inquiries received were multiple and many were for information which was not necessarily directed toward linking the elderly to needed services. However, the data indicates that the I&Rs do provide to a large number of elderly necessary information and referral to effect linkage to needed services.

CHAPTER 16

QUALITY OF I&R SERVICES

This chapter focuses on a number of issues relating to the qualitative aspects of delivering I&R services. Several questions were raised by the evaluation, which are addressed here:

- How effectively are I&R services meeting the needs of older people?
- What are the problem areas which hinder provision of I&R services to the elderly?
- How can I&R services be improved?
- What is the role of the State and Area Agencies in assuring that I&R services are adequate to meet the needs of older people?

CONCLUSIONS

While I&R services were not being provided in any uniform manner at the sites included in this study, data and observations provided evidence that I&Rs designated to meet AoA requirements are, in fact, making very explicit efforts to meet the needs of elderly persons in their target populations. However, several areas need improvement:

- The most serious deficiencies are in publicity and outreach, which did not reach a large percentage of the elderly at many sites.
- Lack of sufficient funding was the factor most often cited by I&R Directors as a major problem hindering the delivery of I&R.
- Many Directors indicated a need for more or better transportation services in order to effectively serve their target populations.
- Fifty-eight percent (58 %) of the State/Area Agencies were conducting some type of monitoring and assessment activities with the I&Rs at regular intervals.

FINDINGS RELATED TO QUALITY OF I&R SERVICES

Effectiveness of I&R Services for Older People

Directors, State/Area Agencies, Providers, Other I&Rs and Users were asked how effectively the I&Rs are providing I&R to older persons within their designated service areas. This was an open-ended question and there were a wide range of answers, none of which were cited by a majority of respondents in any given respondent group. Table 16-1 summarizes comments.

I&R Directors were the most negative about the effectiveness of their own I&R services. Fifty-six percent (56%) felt they were "adequately" serving the elderly in their areas; 44 percent felt they were not. However, their positive responses were often qualified by indications of problems which inhibited services. The major self-criticisms were that more outreach/publicity was needed (30 percent), that services were not being fully utilized and/or that only a portion of the elderly were being reached (26 percent). Insufficient staffing was also frequently mentioned.

State/Area Agencies were significantly more positive than the Directors about the effectiveness of information and referral services being rendered by the designated I&Rs. Seventy-three percent (73%) of the State/Area Agencies felt the I&R was effectively serving the elderly in their area.

Provider agencies were the most positive group of respondents with 81 percent saying the I&R was effective. The most often cited (45 percent) explanation was that the I&R was helping people and doing a good job of it. While not as negative as the Directors, Other I&Rs were less positive

TABLE 16-1

COMMENTS ON WHETHER I&R IS EFFECTIVELY
SERVING ELDERLY

Comments	Total Times Mentioned	Times Mentioned by Directors (N=62)		Times Mentioned by State/Area Agencies (N=62)		Times Mentioned by Providers (N=183)		Times Mentioned by Other I&Rs (N=68)		Times Mentioned by Users (N=502)	
		#	%	#	%	#	%	#	%	#	%
I&R is doing a good job/is effective/is helpful	473	-	-	11	18	82	45	37	54	343	68
Only positive feedback has been received about I&R	116	2	3	14	23	25	14	7	10	68	14
People are aware of services/use services	48	9	15	8	13	25	13			6	1
Staff is competent/professional/knowledgeable	34	2	3	5	8	27	15	-	-	-	-
I&R is not doing a good job	25	-	-	5	8			6	9	14	3
I&R is serving a reasonable and growing percentage of elderly in area	22	16	25	6	10	-	-	-	-	-	-
Services not fully used; only a portion of elderly being reached	20	17	26	3	5	-	-			-	-
There has been negative feedback	5	-	-	3	5	2	1	-	-	-	-
Other	35	7	11	4	6	11	2	4	6	9	2

than either the State/Area Agencies or Providers about the effectiveness of I&R services for older persons. Sixty-six percent (66%) of the Other I&Rs felt the designated I&Rs were "generally effective" in serving the elderly in the area. Twenty-five percent (25%) said they did not know whether I&R services were effective or not.

There were 424 Users answering the question: "Do you feel the I&R is doing a good job?" Of these, 92 percent said "yes" and 7 percent said "don't know." Only 1 percent said "no." Of the Users responding to the question, 81 percent said the I&R was helpful and effective. Only 3 percent of the Users said the I&R did not provide the needed services; however, often the interviewee expressed an understanding about lack of available services or other problems beyond the control of the I&R. It was also found that some dissatisfied Users could not readily distinguish between the I&R and the Provider which had been unable to solve their problems. These few did not understand that the I&R's function was to direct and link them to services and not necessarily to render the needed services.

Among the five respondent groups commenting on effectiveness of I&R services, age-segregated I&Rs were more frequently judged to be adequately serving the elderly in their area; positive responses were given for 63 percent of I&Rs serving only the elderly and 48 percent of I&Rs serving all age groups. Overall responses concerning I&Rs serving rural areas were somewhat less positive than for those serving urban areas. Similarly, I&Rs serving less than 30,000 elderly also had a lower rating than their larger counterparts. This could be related to the finding that services were somewhat less available in rural areas.

Problem Areas Hindering Provision of I&R

I&R Directors and State/Area Agencies identified problems which hindered the provision of I&R services to the elderly in five areas:

- Problems relating to organizational structures
- Staffing problems
- Problems relating to facilities
- Operational/procedural problems
- Funding problems

In these areas there were several things they felt were significant barriers to service delivery.

Most outstanding was that more than half of the Directors (55 percent) felt they needed more funding. State/Area Agencies also felt funding was the key problem. Lack of sufficient personnel and lack of proper facilities were the next most frequent responses by both groups. Table 16-2 provides responses from Directors and State/Area Agencies identifying problem areas.

A related question was asked of Providers--"have any of the I&R's policies or procedures interferred with your ability to effectively respond to referrals?" Almost all of the 183 Providers (96 percent) responded "no." Of the six who said "yes," four said the problem was lack of communication and/or coordination with the I&R to get information about Users due to the I&R's confidentiality requirements.

TABLE 16-2

PROBLEMS HINDERING PROVISION OF I&R SERVICES FOR ELDERLY
(Directors vs. State/Area Agencies)

Problem Areas	Directors (N=62)		State/Area Agencies (N=62)	
	#	%	#	%
More funding needed	34	55	22	35
Insufficient number of personnel	23	37	13	21
Outreach/publicity inadequate	18	30	5	8
Facilities inadequate	12	19	12	19
I&R operational procedures need to be defined/improved/clarified	6	10	10	16
More direct services are needed for older people	5	8	2	3
Other staff problems	4	6	4	6
Lack of coordination of services	1	2	5	8
No problems; I&R is effectively serving the elderly	1	1	5	8
Other	5	8	6	10

Improvement of I&R Services

Opinions were solicited from Directors, State/Area Agencies, Providers and Other I&Rs about ways in which I&R services for older persons could be improved in the target areas. Overwhelmingly, the need to increase publicity and outreach activities was suggested as the primary way to improve I&R— 68 percent of the Directors; 40 percent of the State/Area Agencies; 38 percent of the Providers and 29 percent of the Other I&Rs. Otherwise, the interests of the respondent groups were generally divergent.

Directors' first concern was that an increase in funding was needed (68 percent). Directors' second most frequent comment indicated an interest in seeing an improvement in coordination, communication and cooperation between the designated I&Rs and themselves; this was also a high priority for Other I&Rs. Table 16-3 provides the responses from each group. State/Area Agencies primarily stressed a need to improve or expand the internal operations/procedures of the I&R. Their second most prevalent concern was the improvement or expansion of I&R operational procedures. Several State/Area Agencies (18 percent) wanted to centralize I&R services or develop a network of coordinated I&Rs.

Role of State/Area Agencies in Assuring Adequacy of I&R Services

State and Area Agencies have the responsibility for ensuring that I&R services are available within their areas of jurisdiction and that all older persons have "reasonably convenient access" to I&R services.

TABLE 16-3

COMPARISON OF SUGGESTIONS ON HOW TO IMPROVE I&R

Suggestions	Total Times Mentioned	Times Mentioned by Directors (N=62)		Times Mentioned by State/Area Agencies (N=62)		Times Mentioned by Providers (N=183)		Times Mentioned by Other I&Rs (N=68)	
		#	%	#	%	#	%	#	%
Increase publicity/outreach	156	42	68	25	40	69	38	20	29
Improve/increase coordination/communication/cooperation between I&R and other agencies	66	14	23	10	16	25	14	17	25
Increase funding	43	15	24	9	15	15	8	4	6
Non-I&R specialized services for elderly need to be developed/increased/improved	41	7	11	5	8	17	9	12	18
Develop/increase/improve transportation services	34	11	18	1	2	12	7	10	15
Centralize I&R services/develop network	32	3	5	11	18	7	4	11	16
Increase staff	28	12	19	7	11	7	4	2	3
Improve/expand internal operations/procedures of the I&R	24	5	8	17	27	2	1	–	–
No suggestions; I&R adequate	21	2	3	1	2	14	8	4	6
Improve skills/qualifications of staff/provide more/better training	19	4	6	7	11	6	3	2	3
Increase/expand comprehensiveness of I&R services	16	–	–	–	–	5	3	11	16
Expand services/resources	12	7	11	–	–	–	–	5	7
Improve facilities/equipment	10	1	2	5	8	4	2	–	–
Improve/expand/update/computerize resource file	6	–	–	–	–	3	2	3	4
Increase/improve planning and program development	5	–	–	1	2	4	2	–	–
Other	13	3	19	3	10	4	2	3	4
Don't Know	37	–	–	–	–	36	20	1	1

I&R services were provided directly by 26 State or Area Agencies, either through designated staff within the agency or through a separate I&R unit operated by them. These State/Area Agencies have immediate and continuous control over I&R operations and services. On the other hand, 36 I&Rs are separate entities, neither directly affiliated with nor under the immediate supervision of State or Area Agencies on Aging.

A variety of monitoring/assessment procedures were employed by State/Area Agencies to determine if the I&Rs which have been designated to meet AoA requirements are, in fact, meeting guidelines for information and referral services to older people. Monitoring/assessment activities include reviewing the I&Rs' monthly reports and statistics and holding informal meetings with I&R Directors and staff to review progress, performance and problems. As part of their monitoring/assessment activities, 79 percent of the State/Area Agencies carried out formal or informal assessments of the I&Rs at various intervals. Five State and Area Agencies did not identify any monitoring/assessment activities.

Table 16-4 presents the State/Area Agencies monitoring/assessment procedures. As can be seen from the table, there are no differences between State/Area Agency monitoring/assessment efforts for I&Rs which they operate and I&Rs which are separate agencies. The single exception is that four of the five State/Area Agencies that did not conduct any monitoring or assessment activities had designated I&Rs outside of their agencies.

TABLE 16-4

STATE/AREA AGENCY MONITORING/ASSESSMENT PROCEDURES

Informal and Formal Monitoring/Assessment Procedures	Units of State/Area Agencies (N=26)		Other Sample I&Rs (N=36)		Total (N=62)	
	#	%	#	%	#	%
Assessments	21	81	28	78	49	79
Monthly/Bimonthly	2	8	3	8	5	8
Quarterly	8	31	10	28	18	29
Semi-annual	2	8	-	-	2	3
Annual	3	12	8	22	11	18
Periodic (no specific interval)	6	23	7	19	13	21
Review Reports/Statistics	13	50	18	50	31	50
Monthly	12	46	12	33	24	39
Quarterly	1	4	6	17	7	11
Meetings/Contacts	11	42	14	39	25	40
Informal progress/performance meetings	7	27	10	28	17	27
Daily contact	4	15	4	11	8	13
Evaluated by State Agency	2	8	2	6	4	6
Client Satisfaction Surveys	1	4	1	3	2	3
No monitoring activities	1	2	4	6	5	8
Other	1	4	-	-	1	2

Although I&R services were not being provided in any uniform manner at the sites included in this study, data and observations provide evidence that I&Rs designated to meet AoA requirements are, in fact, making very explicit efforts to do so. The level of services varies by type of population and geographical location as does the availability of services to which older persons can be referred. However, within the range of variations permitted by the basic AoA guidelines, the majority of I&R services are being provided in accordance with AoA specifications. A great deal of progress has been made toward implementation of long-range goals for comprehensive services by many I&Rs.

CHAPTER 17

RECOMMENDATIONS

This chapter presents recommendations based upon objectives and findings of the study. These recommendations are provided to assist AoA in its roles of developing guidelines, providing technical assistance and conducting research to direct and facilitate the development of information and referral services for older persons.

RECOMMENDATIONS

The following recommendations result from analysis of significant findings in terms of AoA's responsibilities to State and Area Agencies relative to the establishment or maintenance of I&R services. The only items discussed are those which have implications for revised or additional AoA policies or further research.

Facilities to Serve Walk-In Users

AoA guidelines call for facilities which are suitably furnished and have sufficient space to ensure comfort and confidentiality during interviewing. Sixty of the 62 I&Rs indicated they could serve walk-in Users; however, at more than half of the I&Rs, facilities were not appropriate for privately serving older persons who visited the I&R.

> *Recommendations: AoA should consider the impact of this guideline on I&Rs which rarely serve walk-in Users because they are primarily telephone referral services. Such I&Rs do not advertise walk-in services or encourage visits from older persons. Separate minimum facilities requirements should be established for telephone and walk-in services.*

Resource File Development and Maintenance

I&Rs in the study were generally meeting minimum requirements for the resource file. However, 12 of the I&Rs classified information in the resource file by only one category, e.g., alphabetically by Provider. Therefore, no method of cross-referencing was established, which made it impossible for anyone to use the file who had not memorized the specific services offered by each Provider. Too many of the resource files were not organized in a manner which facilitated the systematic identification of services, resources, and Providers.

> *Recommendations: It is suggested that AoA revise Program Instruction, AoA-PI-75-9, to include more specific guidelines for the development and use of resource file classification systems. These guidelines should include a requirement that retrieval of information from the file not be dependent upon the inherent knowledgeability of the user of the file. In addition, particular attention should be given in the guidelines to development by the I&R of written procedures for using, maintaining and updating the resource file.*

Accessibility of I&R Services

A majority (65 percent) of the I&Rs studied serviced an area which required Users to make toll or long-distance calls in order to receive I&R services by telephone. Only half of these I&Rs provided toll-free telephone services--a long-range goal for I&R. Until Users can at least telephone for I&R services, without charge, it is illogical to expect such services to be within reasonably convenient access to all older persons within a planning and service area. It was also found that only six I&Rs were meeting the long-range goal to provide emergency or after-hours telephone answering services and that only 25 I&Rs had satellite centers. It is believed that the guidelines for such services are unclear.

> *Recommendations:* AoA Program Instruction, AoA-PI-75-9, should be revised to make toll-free telephone services a basic requirement. In addition, Information Memorandum, AoA-IM-75-10, which addresses long-range goals, should be revised to include more specific guidelines for providing emergency and after-hours telephone services and setting up satellite walk-in centers.

Publicity and Outreach Services

Publicity and outreach were repeatedly cited as inadequate by respondents in the study and there was a general consensus that substantial improvement was needed in both areas. This was especially problematic in rural areas where there was a large geographic area to cover and a sizeable number of older people were living in isolation.

> *Recommendations:* If information and referral services are to reach all older persons in the country and meet their I&R needs, AoA should assist State/Area Agencies and I&Rs to disseminate information and create knowledgeability about available I&R services among older persons. It is recommended that AoA develop publicity materials and techniques which can be used to advertise I&R services to older persons. This could include development of I&R posters, dissemination of a publicity handbook, and use of public service radio and TV announcements on national networks to help publicize the availability of local I&R services.

Confidentiality of Information About Users

Only one of four required confidentiality procedures was being followed by the majority of I&Rs. Also, it is clear that confidentiality guidelines are not being disseminated to a majority of I&Rs designated to serve older people. Only half the sample I&Rs had either of AoA's confidentiality guidelines on file.[11]

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[11] AoA-PI-75-9 provides minimum confidentiality requirements and AoA-PI-75-35 provides more specific guidelines for protecting Users' rights to privacy.

> *Recommendations:* *AoA should give careful consideration to the applicability and feasibility of each required procedure. AoA Program Instruction, PI-75-9, should then be revised to include all of the specific procedures for protecting the confidentiality of personal information about I&R Users. In addition, AoA should stress the importance of State and Area Agency adherence to confidentiality requirements and should reaffirm the responsibility of these agencies to disseminate the guidelines to designated I&Rs.*

Transportation and Escorts

Lack of adequate transportation services was viewed by a majority of the I&Rs as a barrier to receipt of services by older people. While varying types and levels of transportation services were available in the areas served by the I&Rs, 75 percent indicated that these services did not meet the needs of the elderly.

> *Recommendations:* *AoA should request State and Area Agencies on Aging to document transportation needs more carefully in order to obtain proof and support for the contention that lack of transportation is, in fact, a barrier to receipt of services by older persons. It is also suggested that AoA stimulate or promote further research on this issue.*

Planning Activities

A majority of State/Area Agencies and I&Rs were carrying out a wide variety of planning efforts focusing on the development or expansion of I&R services and other services to older persons. This planning covered a broad spectrum of agencies and organizations that were part of the overall service delivery system.

Recommendations: *Planning should be added to AoA guidelines for the development and delivery of I&R services. Guidelines should indicate planning responsibilities of the State and Area Agencies and of the I&R services.*

Coordination Activities

Coordination efforts were being conducted by a majority of the I&Rs with a wide variety of local and area-wide agencies.

Recommendations: *Coordination should be precisely defined and included in the basic requirements for I&Rs. It should be stressed that information and referral services cannot operate in isolation and that cooperation with Other I&Rs and Providers is essential for the development of comprehensive service systems to meet the needs of older people.*

Monitoring/Assessments by State and Area Agencies of I&R Services

Most State and Area Agencies were carrying out formal or informal monitoring/assessment of I&R services even though there are no AoA guidelines for such activities. Technical Assistance Memorandum TA-AoA-75-10 provided a "Recommended Area Agency Assessment Guide" which is used as a tool for State Agencies in assessing the operations of Area Agencies. This document generally covers ongoing monitoring of all activities under an Area Plan, but no specific procedures are included for assessing I&R services.

Recommendations: *AoA should develop specific procedures to be conducted by State/Area Agencies in monitoring and assessing I&R services under their jurisdiction. It is suggested that a special instrument or tool be developed, as TA-AoA-75-10 is not appropriate for this purpose.*

Such a tool should include a method of measuring the presence or absence of a program element, as well as the degree to which each component of the element is being met. For purposes of analysis, the tool might also allow for description of characteristics of the I&R, such as whether it is a unit of a State/Area Agency or a social services agency; whether it is rural, semi-rural, suburban or urban; and whether it is age-integrated or age-segregated. Unique operational circumstances and constraints upon the delivery of services should also be covered by this tool, which could be used for evaluating the quality and effectiveness of I&R services for older persons on a state-wide basis.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1977 0-729-821/1467